

# **The Reporting of Emotional Abuse in Children**

Allyson T. Turnbull



Doctorate in Clinical Psychology

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I, **Allyson T. Turnbull**, declare that this thesis, submitted in August 2010, is my own work and has not been submitted for any other academic degree of professional qualification.

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**ALLYSON T. TURNBULL**  
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## **Abstract**

**Background:** There is a growing clinical and research interest into emotional abuse and its detrimental impact on child welfare and development, yet increasing evidence suggests that it remains both under-recognised and under-reported.

**Objectives:** The primary objective of this study was to describe the prevalence and nature of emotional abuse experienced by a random sample of children referred to a multi-agency Child Protection team, located within an NHS board, due to concerns about maltreatment. The secondary objective of this study was to examine the prevalence of children within the sample who were disabled.

**Method:** The study was a retrospective case note survey. Random samples of 108 case files were selected and reviewed using the Maltreatment Classification Record Abstraction Instrument – MCRAI (Trickett *et al.*, 2009). Fifteen items of parental behaviour regarded as emotionally abusive were coded and organised into four subtypes of emotional abuse. This information was applied to two psychological maltreatment frameworks. Non parametric and descriptive statistics were used for data analysis

**Results:** There was a significant difference found in the identification of emotional abuse between clinician reporting,  $n=33$  (30.6%), at the time of referral and the use of the extraction tool with either psychological framework,  $n=78$  (72.2%). There was only a small number of children with a disability identified within the random sample who had experienced abuse and/or neglect  $n=12$ .

**Conclusions:** Greater awareness and understanding of emotional abuse would be valuable in ensuring that children's psychological needs are met and to avoid the detrimental impact of this form of abuse. Clinicians would also benefit from a greater understanding of the complexities of disabilities and how these can impact on child protection investigations.



# 1. **CHAPTER ONE: INTRODUCTION**

## 1.1. Introduction

Over a hundred years ago the state did not believe it had the right to interfere in the family unit. Consequently, the legal system often minimised or did not acknowledge specific types of abuse such as emotional abuse (Robertson & Busch, 1994).

Changes in theoretical views and attitudes over the decades have been fundamental in the development of child- care policy and legislation (Fairtlough, 2006). There has been a shift from a *laissez-faire* and patriarchal perspective (Nelson, 1984), where the overriding principle was the privacy of the family, to a state paternalistic and protective perspective, where the protection of children is paramount even if that involves state intervention. The welfare of the child is now deemed to be fundamentally paramount and there has been a shift from parental rights to parental responsibilities (Department of Health, 2002; Scottish Executive, 2002).

The aspiration to promote and safeguard the welfare of children in society has been crucial to the transformation of legislation over the last thirty years (Foley *et al.*, 2001). Today, the terms '*promoting welfare*' and '*safeguarding children*' are present throughout governmental guidance in the United Kingdom (UK). The inference created by the use of this specific terminology has shaped a coalescent understanding of the situations and events, including the maltreatment of children and the effect that this may have on their development.

Explicit commitments to children and their welfare have ultimately been classified by the UN Convention on the Rights of the Child (UNICEF, 1989). This key document is the basis for all current legislation as it adheres to the human rights standards as defined by international law. Article 19 of the text specifically addresses issues of child protection and the document emphasises the importance of the role of the health care community in monitoring and reporting child abuse.

Over the last three decades, even with the implementation of current legislation, there has been pressure politically on child protection agencies due to high profile child abuse cases. As a result, agencies have invariably concentrated on physical and sexual abuse and neglect as they are more tangible (O'Hagan, 1995). Consequently, the area of emotional abuse has been overlooked until recently (Brassard & Donovan, 2006) and even though there has been a significant increase in the number of children registered under the category of emotional abuse on child protection registers, it is still an area that professionals struggle to identify and report, especially when other more explicit forms of abuse are involved (Iwaniec *et al.*, 2007). These difficulties are even more overt in children with disabilities as research clearly indicates that disabled children are more vulnerable to abuse (Department of Health, 2002).

This study will focus upon the reporting of emotional abuse. It will explore if there is a difference in the recognition of emotional abuse by clinicians' in comparison to the use of an abstraction tool and framework. It will also attempt to identify if there is any difference in the reporting of abuse and neglect in children with a disability.

## 1.2. Definitions and Frameworks

Agreement on a comprehensive definition of emotional abuse has always been elusive and consequently more tangible forms of abuse such as physical abuse and neglect for many years have taken precedence (Barnett *et al.*, 1993; Brassard & Donovan, 2006; Brassard *et al.*, 1991; Egeland, 1991; 2009; Fairtlough, 2006; Giovanni & Beccera, 1979; Hart & Brassard, 1991; Navare, 1987; O'Hagan 1993).

The very nature of emotional abuse makes it difficult to define as there are various modes of parental behaviour that encompass the abuse, which include emotional and physical unavailability; unresponsiveness; withdrawal of attention; comfort, reassurance, encouragement and acceptance; and hostility, denigration, and rejection of a child (American Professional Society on the Abuse of Children, 1995; Hart *et al.*, 2002). Other modes of emotional abuse include incongruous interactions with a child such as overprotection; unrealistic expectations; exposure to confusing or traumatic events and interactions; psychological neglect; failure to provide cognitive stimulation and opportunities to explore and learn; and involvement in criminal and corrupting activities that is supported by the parents, such as drug or alcohol related behaviour and prostitution (Iwaniec *et al.*, 2007).

Glaser (2002) suggests that because there are so many parental behaviours and parent-child interactions embodied in emotional abuse and neglect it is not possible to create a definition for this form of maltreatment. To add to this complexity, Glaser and Prior (1997) stress that generally, at some time, nearly all parental and child

interactions, involve facets that could be described as emotionally or physically abusive. Consequently, it is difficult to distinguish between good-enough and unacceptable harmful interactions particularly if the interactions are more subtle (Glaser & Prior, 2002).

Barnett *et al.* (1993) contends that we are able to describe parental behaviours that are harmful such as emotional abusive acts but because they are poorly defined in legal terms they are often overlooked and deemed less serious. They also argue that despite the fact that clinical and legal decisions are based on implicit notions of seriousness, the continuum of severity has been poorly delineated especially in regard to emotional abuse. However, Glaser (2002) argues that the complexities of defining emotional abuse emanate from the issue that it is about a relationship rather than an event. There does not have to be intention to harm the child and the abusive relationship between the parent and child can often be subtle (Egeland, 2009; Glaser, 2002).

It has been proposed that the lack of definition for emotional abuse may be due to professional hesitancy (Brassard and Donovan, 2006). They suggest that legal and mental health professionals may compare evidence of emotional abuse to their own experiences and therefore their underlying personal beliefs could influence their response e.g. “My parents did that to me and I turned out okay”. This can be further complicated by the frequency of emotional abuse which is characteristic of this type of maltreatment. These factors could lead professionals to question its harmfulness and seriousness as highlighted by Barnett *et al.* (1993).

Brassard and Donovan (2006) also contend that there is an inherent societal view that many parents are emotionally unavailable or distracted and make unkind comments to their children. As Glaser and Prior (2002) discussed, it can be difficult to differentiate between what is deemed good enough and acceptable to unacceptable and harmful interaction.

Much of today's work in defining emotional abuse has derived from the United States of America (USA), which has been built on Garbarino and Gillam's (1980) definition of maltreatment as 'acts of omission or commission by a parent or guardian' (p.7). However, the major breakthrough in defining emotional abuse has originated from the work of Hart *et al.* (1983), which incorporated the work of Garbarino and Gillam (1980) to produce the following working definition:

*'Psychological maltreatment of children and youth consists of acts of omission and commission, which are judged on the basis of a combination of community standards and professional expectations to be psychologically damaging. Such acts are committed by individuals, singly or collectively, who by their characteristics (e.g., age, status, knowledge, and organizational form) are in a position of differential power that renders the child vulnerable. Such acts damage immediately or ultimately the behavioural, cognitive, affective, or physical functioning of the child. Examples of psychological maltreatment include acts of rejecting, terrorizing, isolating, exploiting and missocializing' (Hart, et al., 1983, p.2).*

Utilizing the Hart *et al.* (1983) definition, Doyle (1997) argues that it is actually possible to define emotional abuse adequately. This view by Doyle (1997) may be explained by the need to take a pragmatic standpoint in that, while we might lack understanding and explanation of the problem, it is a real phenomenon that has to be dealt with effectively. Whilst it is difficult to disagree with this, one obvious weakness with the Hart *et al.* (1983) definition and Doyle's utilization of it, is that it

is dependent on the belief that professionals and communities will agree about what constitutes emotional abuse and this in itself is a contentious issue. As Elliot *et al.* (1997) suggest, in any society there are common assumptions and expectations made about parents and parenting. However, there is not always an agreement within those societies as to where acceptable behaviour ends and unacceptable behaviour begins.

A differential view regarding the difficulties in defining emotional abuse is taken by O'Hagan (1995) who argues the problem lies with the synonymous use of other terms such as psychological abuse and how these terms are used by professionals without any clear definition of what they mean or what term should be used. Consequently, he contends, there is confusion amongst professionals due to these interchangeable terms and this leads to a lack of consensus in actually how to define it. Emotional abuse is also associated with other designations such as psychological maltreatment, mental cruelty, verbal abuse, emotional trauma, emotional maltreatment, psychological neglect, emotional unresponsiveness and emotional neglect (Burnett, 1993; Fairtlough, 2006).

O'Hagan (1995) suggests that, whilst searching for a definition for emotional abuse, it is necessary to say as explicitly as possible, what it is, and what it does. He argues that the term psychological abuse should be reserved for behaviour that damages a child's mental function, for example memory, perception and attention, while emotional abuse should be used to describe attacks on the child's experience of emotion and its accompanying expressive behaviour. However, Glaser (2002) argues

that this separation is ineffective as it is not possible to discriminate between cognition and emotion because they are not independent of each other.

In contrast to O'Hagan, Brassard and Hardy (1997) prefer the term psychological to emotional abuse as they believe it better integrates the cognitive, affective and interpersonal conditions that are essential components of the phenomenon.

However, the terms emotional and psychological abuse are often grouped together and the term psychological maltreatment is often preferred by many authors (Brassard & Donovan, 2006; Garbarino *et al.*, 1986; McGee & Wolfe, 1991). Glaser (2002) prefers the interchangeable use of emotional abuse and neglect and psychological maltreatment.

Given the complexities of defining emotional abuse, research has identified that conceptual or definitional frameworks are needed rather than a single definition (Brassard & Donovan, 2006; Glaser, 2002). The concepts of a framework have evolved from the work of Garbarino *et al.* (1986) who proposed categories of psychological maltreatment to illustrate how each subtype would be displayed in each of the four developmental periods of a child's life. The first five subtypes initially identified were isolating, missocializing, terrorizing, rejecting and ignoring. Hart and Brassard (1991) further added to the subtype an additional category of denying emotional responsiveness.

These definitions and subtypes have provided the foundation for the comprehensive guidelines that are used throughout current practice both in the USA and the UK today.

The six subtypes of psychological maltreatment as mentioned above have been incorporated in the American Professional Society on the Abuse of Children (APSAC, 1995) guidelines, which further convey that:

*‘That psychological maltreatment means a repeated pattern of caregiver behaviour or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another’s needs’* (American Professional Society on the Abuse of Children, 1995, p.155).

There are clear examples within the guidelines related to each of the subtypes of psychological maltreatment, which are:

- *‘Spurning (verbal and non verbal hostile rejecting/degrading)’*
- *‘Terrorising (behaviour that threatens or is likely to harm physically the child or place the child or the child’s loved objects in danger)’*
- *‘Exploiting/corrupting (encouraging the child to develop inappropriate behaviours)’*
- *‘Denying emotional responsiveness (ignoring a child’s needs to interact, failing to express positive affect on the child, showing no emotion in interactions with the child)’*
- *‘Isolating (denying child opportunities for interacting/communicating with peers or adults)’*
- *‘Mental health, medical and educational neglect (ignoring or failing to ensure provision for the child’s needs)’*

(The American Professional Society on the Abuse of Children, 1995, p.163-4)

Even though the APSAC (1995) guidelines are the most used and recognisable framework in current use, they do not capture the provision of regular routines or stimulation, which is vitally important for a child’s development and stability (Brassard & Donovan, 2006). Glaser (2002) also argues that the APSAC guidelines lack a theoretical/conceptual basis and this is a necessary requirement for any framework. Glaser (2002) further criticises the APSAC guidelines because even though there are clear examples in each category it is not always obvious why they



have been placed within a certain category. For example, restricting or interfering with cognitive development is included under exploiting and corrupting.

Coinciding with the work behind the APSAC guidelines, Barnett *et al.* (1993) derived the Maltreatment Classification System (MCS), which is a theoretically driven comprehensive set of definitions of all forms of child abuse and neglect including emotional abuse. This work was based on the work of Giovanni and Beccera (1979) whereby emotional maltreatment was defined by the thwarting of children's emotional needs and the parental acts that are involved in these harmful interactions. The purpose of the MCS is to enable effective coding of type and severity of abuse for CPS records. It also included the APSAC subtypes as seen in the APSAC guidelines. The MCS was later modified by English and LONGSCAN (1997) to form the Modified Maltreatment Classification Scale (MMCS) (1997). The MMCS is the basis for the Maltreatment Classification Record Abstraction Instrument (MCRAI) (Trickett *et al.*, 2009). The MCRAI is a system that has been specifically created so as to include a large amount of information that pertains to a child's experiences so that it can be categorised in a way that quantifies the experience of the maltreatment.

An alternative framework, which is not based on parental behaviours or parent child interactions, has been developed in by Glaser (2002) in the UK. The concept behind this framework is the basic psychosocial being of a child and therefore the different forms of emotional abuse and neglect are evident in the overall definition.

Glaser (2002) also defines five categories (originally proposed by Glaser, 1993) that fall into the overall definition of emotional abuse and neglect, which are:

- *'Emotional unavailability, unresponsiveness and neglect'*
- *'Negative attributions and misattributions to the child'*
- *'Developmentally inappropriate or inconsistent interactions with the child'*
- *'Failure to recognise or acknowledge the child's individuality and psychological boundary'*
- *'Failing to promote the child's social adaptation'* (Glaser, 2002, p.703).

Glaser (2002) noted that her classification system has clinical and research applicability because her categories address distinct features of the child's life and needs, which are affected by the variety of different motivations and psychological states of the parents.

The most comprehensive study on definitional frameworks to date was undertaken in the USA by Brassard and Donovan (2006), who examined and described all the definitional systems over the last 30 years. Their results showed that there was a general level of agreement across definitional systems regarding parental behaviours considered to be maltreatment but it also showed that there is variability in how specific acts are categorised within these frameworks.

In their study, Brassard and Donovan (2006) independently classified the degree to which each of the other definitional frameworks included the sub components of the APSAC definitions. Once a consensus was reached it was then reviewed to make certain that credit was given regardless of where in the system of definitions and or frameworks specific acts were addressed. A distinction was made between subtypes that were covered within the psychological maltreatment section versus other

sections. The resultant material was accumulated into a framework devised by Brassard and Donovan (2006). They have developed a classification system that indicates the degree of behaviour of the parent/caregiver in each subtype. Thus, the vague definitions cited in the APSAC system are enriched and further developed by their findings.

Given that the Brassard and Donovan (2006) *'Defining Psychological Maltreatment'*, is an American model, the main criticism of it lies with the fact that it incorporates the APSAC subtypes and even though they have described each category in more detail, it still is not clear why some elements of the effects of psychological maltreatment are related to a particular category. This problem was identified by Glaser (2002) in relation to the original APSAC subtypes. Brassard and Donovan (2006) appear to have gone to great length when reviewing the nine definitional frameworks but culturally they have stayed with the American system of categorisation (APSAC) as this is incorporated within their legal system of evidence of harm to the child. The APSAC framework states that the uses of the guidelines are primarily for forensic assessments of psychological maltreatment. This rigidity could create difficulties for professionals when dealing with the more subtle aspects of psychological maltreatment.

In this study the term emotional abuse will be used and refers to both emotional abuse and/or emotional neglect. However, in line with Glaser (2002) the terms emotional abuse and neglect will also be used interchangeably with the term psychological maltreatment (commonly used in USA). The rationale for this is that

emotional abuse is, moreover, the category that is used in legislation and is a formal registration category for child protection procedures within the UK and so is more familiar. In relation to the interchangeable use of terminology, Glaser (2002) has been used as an example as her definition is cited in the West of Scotland draft guidelines on emotional abuse and emotional neglect (West of Scotland Child Protection Network, 2010).

The current official definition of emotional abuse in the UK and Scotland is a *'failure to provide for the child's basic emotional needs such as to have a severe effect on the behaviour and development of the child'* (Department of Health, 2002; Scottish Executive, 2002).

### **1.2.1. Section Summary**

Emotional abuse is difficult to define as it is extremely complex. Over the years professionals have struggled to reach a consensus as to what constitutes emotional abuse and in the last three decades there have been immense strides towards reaching an agreement. However, professionals still struggle with the recognition and reporting of emotional abuse. The introduction of conceptual frameworks and guidelines has been devised to aid professionals and are still evolving.

### 1.3. Prevalence of Emotional Abuse

Given the problems of definition, it is perhaps not surprising that evidence regarding the incidence and prevalence of emotional abuse is inconsistent. Hart *et al.* (1996) believe that the true incidence or prevalence levels of emotional abuse are not known. This is still true today and there are marked fluctuations between estimates of emotional abuse (Brassard & Donovan 2006; Egeland, 2009; Trickett *et al.*, 2009). Literature states that all estimates are educated guesses and that they are probably an under approximation of the problem, as the true prevalence of emotional abuse is higher than anticipated (Claussen and Crittenden, 1991; Erickson & Egeland, 1996). In a study of verbal aggression by parents and psycho-social problems of children, Vissing *et al.* (1991) reported that two thirds of American children are verbally abused, with a mean frequency of 12.6 times a year. McCurdy and Daro (1994) point out that, if it is assumed that all abuse includes elements of emotional abuse, then over 3 million cases are officially recorded each year. Melton and Davidson (1987) suggest that cases of emotional abuse are likely to go unreported unless the abuse occurs alongside other forms of severe abuse.

In their review of various available statistics, Hart *et al.* (1996) concluded that between 7 per cent and 11 per cent of registered child maltreatment are related to emotional abuse alone. They estimate that this represents about 200,000 new cases of emotional abuse each year in the USA. However, they caution that only a small percentage of child maltreatment cases come to the attention of the authorities and this is particularly true of emotional abuse. Hart *et al.* (1996) also found that the risk

of emotional abuse rose gradually throughout the age spectrum; no gender differences were found; no racial or ethnic differences were reported; and reporting of emotional abuse was five times more frequent in lower than higher income families.

Doyle (1997) found emotional abuse to be more prevalent in families exposed to multiple stressors. In a questionnaire study of 429 mature students, Doyle identified three sub-groups: those who reported having been emotionally abused ( $n=124$ ); those not abused ( $n=183$ ); and those not abused but who had experienced other distress, such as school bullying or racial abuse ( $n=122$ ). Factors found to be more prevalent in the emotional abuse group than the other two groups were: larger family size, parental conflict, caregiver changes, death of a child in the family, lack of money for essentials, accommodation problems, parental mental health problems and parental alcohol problems. However, it is not clear in Doyle's study whether or not any of the 124 students who reported having been emotionally abused also reported having experienced other distress.

Recent studies in USA have highlighted the incidence and prevalence of emotional abuse. For example Straus and Field (2003) surveyed parents in a telephone interview using random digit dialling. They found that 90 per cent of parents reported having used at least one or more obvious forms of psychological aggression towards their children in a 12 month period by the time their children had reached two years of age. Binggeli *et al.* (2001) estimate that the overall rate of emotional

abuse in the USA is approximately 30 per cent of the population, if parental behaviour, excluding harm to the child, is the sole criteria (Binggeli *et al.*, 2001).

Yamamoto *et al.* (1999) argue that most studies on child maltreatment have involved only individuals who were consulted at clinics or allied social agencies.

Consequently, studies that use a consulting population is contentious as there is a high possibility that there has been underestimation of the rate of child maltreatment. They contend that in Japan there is a belief that child maltreatment is extremely rare, especially emotional maltreatment. However, on further investigation, Yamamoto and colleagues examined the rate of different types of maltreatment of children who were younger than age 16 years. In total, 119 non-consulting adolescents were investigated. Their findings showed that 25 per cent of the sample was deemed to have been emotionally abused by their parents.

Studies emerging from outside the USA and Europe, such as Madu and Peltzer (1999) in South Africa, and Kitamura *et al.* (1999) in Japan, suggest that emotional abuse is likely to be prevalent in other cultures but that it is even more likely to be unidentified and untreated. Barnett *et al.* (1993) and Nelson (1984) comment that issues such as child maltreatment is closely tied to a nation's economy and, indeed, Nelson contends that child abuse receives the most public and governmental attention during times of economic stability. In keeping with this notion, the establishment of a large bourgeoisie has played a key role in enabling child maltreatment to be defined as a social problem. Barnett *et al.* (1993) argue that unless the vast majority of the population has essential provisions such as food and

shelter, issues such as child maltreatment must remain low priorities. Once a nation's families have their basic needs met, attention can then be focussed on the equally important task of ensuring that their children receive quality parenting.

### **1.3.1. Child Protection Register**

Over the years the number of children registered under the category of emotional abuse has been steadily increasing. In England, children under the category 'Emotional abuse alone' represented 18 per cent of the total number of children on the register (The Government Statistical Service, 2000). Glaser comments that this figure increased to 24 per cent once joint registrations were permitted and emotional abuse was deemed significant.

Current figures in Scotland, between 1st April 2008 and the 31st March 2009 show an increase of 29 per cent in registrations from the previous year, giving the total number of 3,628 children on the Child Protection Register. The number of registrations for emotional abuse on the child protection register increased by 43 per cent. Physical neglect increased by 29 per cent. Physical injury increased by 33 per cent and sexual abuse increased by 21 per cent.

As of the 31<sup>st</sup> March 2009, physical neglect accounted for 47 per cent of all children on the child protection register in Scotland, emotional abuse accounted for 25 per cent of registrations and 7 per cent were registered as sexual abuse. The Scottish



Government statistics show that since 2006 there has been an increase of 82 per cent registrations for emotional abuse (The Scottish Government, 2009).

### **1.3.2. Section Summary**

Even though the evidence relating to the prevalence of emotional abuse is inconsistent and estimates vary, literature contends that this form of maltreatment is more prevalent than anticipated. In the last five years Child Protection registrations of emotional abuse have substantially increased. However, literature argues that emotional abuse is still probably under recognised and reported.

### **1.4. Children with Disabilities**

Historically there has been very little statistical information about the abuse of disabled children in the UK and what has been available has required considerable interpretation (Creighton, 1992; OPCS, 1991; ONS, 1997). However, research studies in the USA and Australia, summarised by Westcott and Cross (1996), identified that disabled children were 1.7 times more likely to be abused as children without a recorded disability.

In the UK, there is no clear evidence about how many children have been abused or what happens to them in terms of services and interventions, and whether or how many abusers are identified or prosecuted (Cooke, 2000). Previous research, as noted by Westcott and Jones (1999) and Kelly (1992), is insufficient and government

figures on child protection do not contain data on whether or not an abused child has a disability. Morris (1999) noted that the Department of Health does not require Social Services Departments to record 'disability'. Cooke and Standen (2002) comment if authorities have no reliable information on the number of children with disabilities who have been abused, or the degree or type of disability, or the kind of abuse they have suffered, then they cannot prepare for the needs of them.

Professionals' empathy towards parents/carers of children with disabilities have for many years been an area of concern (Cooke & Standen, 2002). Studies in the USA have revealed differences in responses of professionals when the alleged victim of physical abuse was known to have a disability (Manders & Stoneman, 2009).

Children with disabilities are often viewed as provoking abuse because of their demands on their parents, especially if the child has challenging behaviour (Sobsey, 1994). Emotional and behavioural disabilities are seen as the most cogent cause of parental stress and empathy for parents of the children with this type of disability is greater than for other disabilities (Manders & Stoneman, 2009).

Cooke and Standen (2002) looked at practices in recording the abuse of disabled children. In their study a questionnaire was sent out to 121 Chairs of the Area Child Protection Committees in the UK. There were 73 respondents, of whom over 50 per cent claimed to identify the disability of an abused child but only 10 per cent could give an actual figure. Cooke and Standen (2002) contend that the lack of statistical evidence has made it impossible to calculate anything but an approximation of the rate of abuse of disabled children. Further evidence highlighted the lack of reporting

of abuse in disabled children when schedules completed over a one year period in two Social Services Departments showed that they were less likely to be put on the Child Protection Register than a comparison group of non-disabled children. Semi structured interviews with eight key workers for the disabled children revealed that they were concerned that there was a tendency “not to see” the abuse of disabled children. (Cooke & Standen, 2002, p.1).

The main influence as to whether a case of maltreatment will be investigated is clinical judgement (Buchele-Ash *et al.*, 1995). This was certainly a significant factor in the findings from the Manders and Stoneman (2009) study. They used a series of case vignettes to explore the effects that a disability has on child protection investigations. Their research interest lay with children with emotional/behavioural and intellectual disabilities due to the high prevalence of these children already on the child protection caseload and confirmed cases (Sullivan & Knutson, 2000). In contrast to these less visible disabilities, children with cerebral palsy were included in the study. Manders and Stoneman (2009) found that, if an injury was less severe, then there was a clear difference in the reporting of maltreatment of children without a recorded disability to children with a disability, especially if it was an emotional/behavioural disability. They also found that professionals continued to respond differently even when the injuries were more severe for example, broken bones or concussion as seen in the vignette for the child with cerebral palsy who was described as having ‘jerky movements’ (Manders & Stoneman, 2009, p.1). The findings further support concerns that the abuse of children with disabilities may be

less likely to be investigated when characteristics of the disability can be seen as a plausible explanation for the injury (Sobsey, 1994).

Special support for children with disabilities was firstly seen in The Children's Act 1989 (Department of Health, 1991) but controversially there is no additional provision in the Act regarding the protection of children with disabilities from abuse (Morris, 1998), although the Children Act *Guidance and Regulations* (Vol 6) notes that children with disabilities are more vulnerable (Morris, 1998).

For the first time in Scotland the disability status of children on the child protection register was collated during the period 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009. This makes interesting reading as the report shows that on the 31<sup>st</sup> March 2009, 70 per cent of all children on local child protection registers were reported as not having some form of a disability. Although 7 per cent of children were reported as having some form of disability, 23 per cent of all children on the child protection register were reported as having "Unknown" disability status (The Scottish Government, 2009).

#### **1.4.1. Section Summary**

Studies show that having a disability can increase the risk of maltreatment. Though, the representation of children with a disability within Child Protection investigations is inconsistent. Debate has ensued about whether professional empathy and bias towards parents and caregivers are responsible for this.

## 1.5. Effects of Emotional Abuse

Whilst there is evidence of particular, seemingly undamaged, resilient children surviving extreme forms of abuse (Iwaniec *et al.*, 2007), most clinicians and theorists believe that emotional abuse is the one form of abuse that is most likely to cause harm to a child (Cicchetti & Toth, 1995; Manly *et al.*, 2001).

There is now compelling evidence that emotional abuse and neglect are associated with negative developmental outcomes in early childhood (Binggeli *et al.*, 2005; Egeland & Erickson, 1987; Erickson *et al.*, 1989; Wright, 2007). Though, Iwaniec *et al.* (2007) contend that historically it has been hard to reach a common agreement on the effects of emotional abuse as few studies have been able to separate the individual effects of this maltreatment. This is supported by Shaffer *et al.* (2009) who argue that there appears to be insufficient understanding of the explicit effects of different forms of childhood emotional abuse especially in relation to adjustment in later childhood and adolescence. However, regardless of variation in the impact on the child, empirical evidence shows that the effects of emotional abuse and neglect are disabling and enduring (Shaffer *et al.*, 2009).

The World Health Organisation (WHO) contend that emotionally abusive acts are considered to have a high probability of damaging the child's physical or mental health, or their physical, mental, spiritual, moral, or social development (World Health Organisation, 1996). Hart *et al.* (1983) argue that emotional abuse is likely to lead to immediate or ultimate damage to the behavioural, cognitive, affective or

physical functioning of the child. Similarly O'Hagan (1995) asserts that emotional abuse results in damage to or substantial reduction in the creative and developmental potential of crucially important mental faculties and mental processes such as intelligence, memory, recognition, perception, attention, language and moral development.

Werkle *et al.* (2009) argue that emotional abuse teaches children that not all relationships are positively reinforcing and to expect punishments in relationships. They maintain that emotional abuse can create an environment of fear and uncertainty, and victims often feel repressed as they cannot express a range of emotions to describe how they feel about their situation. Consequently, this results in negative affects such as anger and fear. Iwaniec *et al.* (2007) contend that emotionally abusive parental behaviour '*damages a child's self-esteem, degrades a sense of achievement, diminishes a sense of belonging, prevents healthy and vigorous development, triggers off emotional and behavioural problems, and takes away a child's well-being*' (p.204).

### 1.5.1. Child Development

Studies have shown that psychologically unavailable parenting is the most harmful form of maltreatment as it can seriously compromise a child's development by punishing positive normal behaviours such as smiling or exploration and it can inhibit the development of interpersonal skills necessary for adequate performance outside the family environment (Egeland & Erickson, 1987; Iwaniec, 2000). Though, Garbarino *et al.* (1986) point out that the same parental acts deemed emotionally abusive or emotionally neglectful will have different effects in the different developmental stages of infancy, early childhood, school age and adolescence.

The impact of emotional abuse on the development of a child is physically seen in Non Organic Failure to Thrive (Benoit, 2000; Pollitt *et al.*, 1996). The main presenting feature of this disorder is failure to grow physically despite adequate nourishment. A related condition, Psychosocial Dwarfism is characterised by short stature, very low body weight, small head circumference, unusual eating patterns and serious attachment problems. Such children will have normal calorific intake and have no organic basis for their failure to grow. Many theorists attribute Non Organic Failure to Thrive and Psychosocial Dwarfism to emotionally abusive parenting (Crittenden, 1987; Iwaniec, 1995) and longitudinal studies indicate that these children have behavioural, socio-emotional and educational problems (Benoit, 2000; Pollitt *et al.*, 1996). However, children suffering from Psychosocial Dwarfism typically show accelerated growth once placed in foster care (Iwaniec, 1995).

Glaser (2002) contends that psychological maltreatment in the first two years of a child's life is associated with extremely significant difficulties at later stages. This is supported by Egeland (2009) who contend that children who were emotionally abused at an early age are more impaired in many areas of functioning than children who were physically abused or neglected. Within the context of child development any impairment at any stage within the context of the family lifecycle results in an inability to reach the next required stage. If stages are not completed then it has a detrimental impact on the development and well-being of an individual (Carr, 2006). This impacts on the internal working models of the self and as the child develops they view themselves as worthless or they see the world as a threatening and dangerous place (O'Dougherty –Wright *et al*, 2009).

- **Play**

Piaget (1951) proposed that two activities, play and imitation were important for development during infancy and early childhood. He maintained that while both activities were equally significant, play was a product of assimilation, whereas imitation was a product of accommodation. Piaget (1951) contends that when children play it is primarily because of enjoyment and pleasure. However, in contrast the goal of imitation is not primarily for enjoyment but rather it is for the child to try and understand the nature of the action they are observing. Piaget (1951) proposed that the play stage is necessary for the development of symbolic representation, which in turn is a prerequisite for genuine interaction and the creation of shared meaning between individuals. It also develops moral judgement in middle aged children (Piaget, 1951).



Therefore, for any child to reach optimal development play is vital and it is the right of every child to play (United Nations High Commission for Human Rights, 1989). Play allows children to be creative and develop their imaginative, dexterous, physical, emotional and cognitive skills (Ginsberg, 2007). Play also allows children at a very early age to explore the world, conquer their fears and master skills in dealing with their environment (Hurwitz, 2003; Erickson, 1985). However, if the play experiences are negative (i.e. child experiences hostility from their parent) then the child can experience conflicting emotions of pleasure followed by fear (Barnes, 1995). If this important stage in development is compromised then the child's resilience and confidence can be affected (Ginsberg, 2007). Denzin (1975) contends that differences in the early experiences of children such as abuse or neglect can have a detrimental impact on a child's play and consequently their development of their identity and social competence. When play is controlled by adults, children can submit to the adult rules and concerns. Therefore they can lose the benefits play offers them particularly in developing creativity, leadership and group skills (Ginsberg, 2007).

- **Language and Cognitive Development**

The benefits of play overlap into the language and cognitive development of a child as from birth the child interacts with the mother or caregiver. Early signs of play include touching of fingers or toes of the baby. This interaction helps children in communicating with others at a later stage (Ginsberg, 2007). The exclusive and idiosyncratic relationship between mother and child develops through the repeated and ritualized encounters of child care (Halliday, 1974). Within this context the

mother's language is limited and context –tied thus allowing the child an opportunity to make their first attempt with the linguistic code and the child can extract items from their mothers' interaction and put them into their own use (Lee & Das Gupta, 1995). However, the fact that the relationship between language and socio-physical world is referentially and functionally complex the child can easily respond inappropriately (Lee & Das Gupta, 1995). Carr (2006) contends that 'finely tuned social interaction is the critical environmental condition for optimal linguistic development' (p.37). If this interaction is compromised through emotionally abusive parenting then the child's cognitive development will be affected. This causes further problems as a minimum level of cognitive development is essential for language acquisition (Carr, 2006) and often children who have been psychologically maltreated have delays in verbal and non verbal communication skills (Garbarino *et al.*, 1997).

- **Emotional and Psychological Development**

Studies show that children with maladjusted histories are less likely to cope with stress and with regulating their emotional state (Brassard & Donovan, 2006; Crittenden & Ainsworth, 1989; Egeland, 2009). Egeland *et al.* (1983) identified that emotional abuse in early development leads to children displaying increased anger, poor impulse control and hyperactivity at pre-school ages.

When a child is exposed to abusive experiences that are stressful or traumatic their brain will try to accommodate the situation by becoming hyper-aroused and ultimately dissociated, in an attempt to reduce or stop the intolerable stress

(Wassell, 2008). The more severe the maltreatment the child endures the more likely their brain will be 'wired' for the experiences of threat (Trevvarthen & Aitken, 2001). Consequently, children who have been traumatised demonstrate intense sensitisation of the neural response patterns that are associated with their traumatic experiences (Wassell, 2008). The result is that 'full blown response patterns (e.g. hyper-arousal or dissociation) can be elicited by minor stressors' (Perry *et al.*, 1995, p. 271). The earlier a child is exposed to abusive situations, and the more enduring the situations are, the more likely it is that the brain's hard wiring will be fundamentally shaped for the fight or flight response (Wassell, 2008).

Recent research on brain development shows that children who have been traumatised and suffer with Post Traumatic Stress Disorder excrete greater concentrations of cortisol (stress hormone), which is released to help an individual manage stressful experiences (DeBellis, 2001). Studies have identified that chronically high levels of cortisol has a significant negative effect on the development of the brain. DeBellis (2001) suggests that it contributes to smaller middle and posterior regions of the corpus collosum and delays in neurogenesis and myelination. Teicher *et al.* (2006) contend that this affects the decision making and information processing skills.

Wassell (2008) argues that 'the experience of the abused or traumatised child is one of fear, threat, unpredictability and pain' (p.50). She suggests that experiences of abusive treatment result in hyper-arousal and can lead to persistent hyper-vigilance. Perry (1995) comments:

*‘Both lack of critical nurturing experiences and exposure to traumatic violence will alter the developing central nervous system, predisposing it to a more impulsive, reactive and violent individual’ (p.131).*

In middle childhood, Lefkowitz *et al.* (1977) found that histories of emotional abuse were also associated with elevated levels of aggression. This is supported by Crittenden *et al.* (1994) who contend that in middle childhood emotional abuse is associated with both aggression and withdrawal. Shaffer *et al.* (2009) argue that there is an association between social withdrawal and emotional abuse. They contend that decreased competence within this area was especially salient for males.

Developmentally this is concerning as resolutions are needed in stage-salient issues to increase the probability of competent functioning in the developmental period. Peer competence is a salient developmental issue in middle childhood. Therefore poor functioning in this domain is related to less competent functioning in early adolescence (Egeland, 2009).

Consistent relations between childhood emotional abuse and internalising psychopathology have been identified in adolescence (Gibb *et al.*, 2001; McGee *et al.*, 1997) as well as associations with multiple indicators of low self esteem (Ney *et al.*, 1994). Research has indicated that emotional abuse is particularly damaging for a child’s self-esteem (Mullen *et al.*, 1996) due to the belittling nature of the maltreatment and the fact that it directly targets a child’s worth through internalisation of sustained negative criticism (Morimoto & Sharma, 2004).

There is growing evidence that childhood verbal abuse is a risk factor for development of a negative cognitive style (Gibb 2002), which is a correlate of depression (Alloy *et al.*, 1999). Negative cognitive style has been defined as a characteristic way of attributing the cause of negative life events to stable, internal and global factors and making self critical judgements (Alloy *et al.*, 2004) as well as having maladaptive self schemas (Beck, 1987). If these areas of development have been affected by critical or hostile parenting, misattributions from the parent to the child, then the three primary components of the self-system (functions of self knowledge, self evaluation and self regulation) will be compromised. The impact of this is that the accurate self knowledge, high self esteem and self regulatory beliefs, defences and coping strategies, which all contribute to positive adjustment (Carr, 2006) will be damaged.

For adolescents the consequences are that transitions such as going to university, relationships, employment and emerging adulthood are affected. Briere and Scott (2006) found that college students who had experienced child maltreatment had developed maladaptive coping strategies in an effort to cope with the effects of their past abuse. O'Dougherty -Wright *et al.* (2009) contend that adolescents that have been emotionally abused or neglected have difficulties in the ability to negotiate relevant psychosocial tasks, such as consolidating their own identity, experimenting with increasing intimacy, and forming more mature relationships with authority figures.

- **Long Term Effects**

Experiences of emotional abuse have been associated with powerful and enduring psychological sequelae, including shame, humiliation, anger, feelings of worthlessness and emotional inhibition (Barnet *et al.*, 2005; Binggeli *et al.*, 2001; Glaser, 2002).

This is particularly evident in individuals who have been exposed to long-term maternal psychological maltreatment (De Robertis, 2004). In a longitudinal study Johnson *et al.* (2001) investigated maternal verbal abuse during childhood and found that it increased the risk of personality disorder in adolescence and early adulthood. Sachs-Ericsson (2006) contends that there is an association between verbal abuse and the development of self-criticism, which has been identified as a vulnerability marker for depression (Bagby *et al.*, 1992). Self-criticism is also associated with anxiety disorders such as social phobias and Post Traumatic Stress Disorder (Cox *et al.*, 2004; O' Dougherty- Wright *et al.*, 2009), and particularly with low self-esteem (Briere & Runtz, 1998).

According to Brassard and Donovan (2006) from reviewing extant literature, it appears that the most detrimental forms of psychological maltreatment are emotional neglect and emotional neglect in combination with verbal abuse (usually spurning and terrorizing in nature). Lyon *et al.* (2000) found that emotional neglect emerged as a significant predictor of suicide attempts. Studies show that there is also a significantly greater level of individuals diagnosed with Obsessive Compulsive

Disorder and Trichotillomania who have been psychologically maltreated in their childhood (Brassard & Donovan, 2006).

Kent and Waller (2000) found that psychological maltreatment was the only type of maltreatment to have a significant effect on eating disordered attitudes in young women. In reviewing the aetiology of eating disorders, Kent and Waller (2000) propose that emotional abuse might have a relationship with a broader range of eating disorder symptoms than sexual and physical abuse. They contend that while a link between emotional abuse and eating disorders is clearly demonstrable they acknowledge that, as yet, the psychological processes to account for the link are not understood. They suggest that low self-esteem and anxiety are likely to be important.

Werkle and Wolfe (1999) contend that there is an increased prevalence of certain risk and anti-social behaviours in adolescents who were maltreated as children and who by the very nature of their maltreatment have also been emotionally abused. This behaviour is particularly common in areas such as dating, sex and alcohol use.

Werkle and Wolfe (1999) found that maltreated youths are more vulnerable in terms of regulating behaviour and recognising problematic partner behaviour.

Consequently, when individuals become involved in dating it can present as an opportunity for a repetition of historical relationship experiences that have been characterised by violence and by dynamic roles such as victim and victimiser.

Vuchinich & Hall (2004) contend that adults who have been emotionally abused have been found to have problems such as depression, somatisation, eating disorders,

suicidal ideation, anxiety, low self esteem, interpersonal and sexual problems, and increased levels of substance abuse, eating disorders and psychiatric symptoms Thompson and Kaplan (1996) suggest that depression, reactive attachment disorder and multiple personality disorder of childhood have been shown to be associated with past emotional abuse and that childhood emotional abuse is related to lower self esteem and physical ill health.

In relation to substance misuse, studies have demonstrated the relationship between childhood maltreatment and the development of substance abuse in later life. However, most studies have tended to focus on the relationship between substance abuse in adolescence or adulthood and either childhood physical or sexual abuse (Kaiser & Miller -Perrin, 2009). Many studies are in agreement that the role of substance abuse in the long-term effects of psychological maltreatment has not been sufficiently studied (Melchert, 2000; Medrano *et al.*, 1999). Anda *et al.* (2002) found that there is a strong association between alcoholism and verbal abuse. In contrast, Mullen *et al.* (1996) found in a community sample of women with a history of childhood sexual, physical or emotional abuse that hazardous alcohol use was only related to those with a history of sexual abuse. Kaiser and Miller-Perrin (2009) contend that the reason why the relationship between substance abuse and psychological maltreatment is still debateable is due to the fact that in many studies the overlap between different forms of child maltreatment is seldom taken into account.



Retrospective studies have shown that childhood emotional abuse is associated with negative psychosocial functioning in later life (Gross & Keller, 1992; Teicher *et al.*, 2006). Shaffer *et al.* (2009) argue that these studies point to significant relations between child emotional abuse and a variety of pathological outcomes. However, the extant literature has failed to examine how different forms of emotional abuse may contribute to different outcomes (Shaffer *et al.*, 2009).

### **1.5.2. Section Summary**

Studies show that emotional abuse is the one form of maltreatment that is most likely to cause harm to a child. A child who experiences emotionally abusive behaviour is more likely to have maladaptive schemas about the self and the world. Consequently, they can experience difficulties in developmental transitions throughout their lifespan. Long term, children who have been emotionally abused have an increased risk of mental health problems in adulthood.

### **1.6. Theoretical Perspectives**

The explanatory theories for emotional abuse and neglect can be classified into two groups: unitary and interactive. The unitary theories such as psychoanalytic, social learning, environmental, cognitive developmental and labelling are unified, composite theories. However, research is now moving towards integrating the more beneficial parts of unitary theories into interactive, multicausal theories, such as attachment theory. These theories seek to understand how different aspects of

experience may exacerbate or weaken other aspects of experience (Newberger *et al.*, 1983). Any form of child maltreatment may be therefore understood in this theoretical concept as a symptom of dysfunction in a complex ecosystem with many interacting variables. Several studies have conceptualised child abuse as a phenomenon to be approached from the multiple levels of individual, family, and society, leading the field to a more comprehensive theory base from which to guide intervention (Garbarino, 1975).

In regard to psychological maltreatment the theoretical models that have evolved have paid particular attention to clarifying the negative consequences of the maltreatment. For example, social learning theory proposes that child maltreatment is an aspect of observational learning, where children observe aggressive or damaging behaviours and such behaviours become an unconscious drive to future behaviours (Bandura, 1973). The observational learning occurs without the need for reinforcement (Bandura, 1965 as cited in Gross, 1996, p.173) and mere exposure to the person whose behaviour is being observed (model) is sufficient for learning to occur.

However, Bandura & Walters (1963) contend that imitation of the behaviour is dependent on the consequences of the behaviour for both the model and the learner. The learning takes place spontaneously with no deliberate effort on the part of the learner or any intention by the model (Gross, 1996). Therefore, the perspective taken by social learning theory argues that if a child grows up in an abusive household it teaches the individual that the use of either physical or verbal aggression is a viable

means for dealing with interpersonal conflicts and it also increases the likelihood of the child becoming involved in future aggression (Bandura, 1973; Kwong *et al.*, 2003).

### **1.6.1. Attachment Theory**

Attachment theory is an open-ended theory. It is composed of elements selected from psychoanalytical theory, particularly Freudian instinct theory and metapsychology; ethnology (specifically gene survival) and evolutionary theory; as well as by control –systems theory and cognitive psychology.

The underlying premise of attachment theory is survival. This is principally achieved by the availability and provision of an attachment figure (Bowlby, 1969). In the early stages of life such closeness is attained through reciprocal maternal and infant patterns of behaviour, for example, when an infant cries the mother will normally be alerted to tend to the child. These behaviours tend to occur as a result of the infant being alarmed (loud noises, looming objects) or from being left alone, or by internal discomfort or pain. The infant's crying will cease once close physical contact is achieved. To continue with closeness to their mother, other behaviours, such as smiling, clinging, or vocalising will replace the initial behaviour of crying. Bowlby (1969) contends that the acquisition of closeness to a trusted individual is the most likely predictor of an infants' attachment behaviour. The result of this interaction is a feeling of security and calm. Bowlby (1988) contends that the attributes of early attachment relationships are embedded in the extent to which a young child can rely

on his/her caretaker as a source of security, protection and affection 'is a principal feature of effective personality functioning and mental health' (Bowlby, 1988, p.121).

A central belief of attachment theory is that early attachment relations are archetypical to how other relationships are formed throughout life. Therefore, if a child feels securely attached he/she will go on to form secure relationships.

The literature on attachment suggests that if the care given to the child is unresponsive, inconsistent or actively rejecting it can lead to adaptation difficulties (Crittenden & Ainsworth, 1989) and consequently atypical attachment. Crittenden and Ainsworth (1989) describe the kinds of maternal styles that tend to predict the various forms of atypical attachment. They found that inconsistent maternal responsiveness was associated with ambivalent attachment, whereas maternal rejection and anger are associated with avoidant attachment. Extremes of maternal behaviours appear to result in the 'disorganized' or very disturbed 'avoidant' ambivalent-attachment pattern. The impact of a poor attachment style is strongly associated with poor development (Manly *et al.*, 2001; O'Dougherty- Wright *et al.*, 2009). Crittenden (1998) contends that the deficits maltreated children show in emotional development could be due to the inability to identify and communicate feelings, which is more prevalent amongst maltreating families.

Hughes (1995) argues that children who have been emotionally abused are at high risk of having established an insecure, dysfunctional attachment to their primary caregiver. Emotional abuse during infancy is likely to impede a child's sense of trust,

limit exploratory behaviour and development of healthy autonomy. This can result in difficulties in the development of a sense of self, sense of self-worth, and of a strong sense of identity. If this occurs before the age of three particular risks are posed for the development of attachment formation (Manly *et al.*, 2001). This is problematic as maltreatment may be particularly damaging if it interferes with tasks relating to attachment security and emotional regulation (Cicchetti, 1989).

Cicchetti *et al.* (1991) contend that when a child forms an insecure attachment to his/her primary caregiver, the child will develop a working model for all subsequent relationships as well as a view of him/herself. Studies show that the patterns of interactions between the emotionally maltreating parent and their young child can become internalised, resulting in negative cognitive models (Egeland, 2009; Sachs-Ericsson *et al.*, 2006).

O'Dougherty-Wright *et al.* (2009) contend that the cognitive models or schemata formed of self and self in relationship to others, accounts for the association between emotional maltreatment and clinical symptoms of anxiety and depression. They argue that these models provide a set of negative beliefs and expectations about self and others that centre on shame, vulnerability to harm and contribute to later negative outcomes, including anxiety, depression and dissociation (O'Dougherty-Wright *et al.*, 2009). Cicchetti (1989) contends that 'attachment dysfunction may be a prime etiological factor for the occurrence of maltreatment as well as for its continuation across generations' (p.389).

There is considerable evidence that maltreated children, in comparison to those who are not abused, are more likely to be insecurely attached (Egeland & Sroufe, 1981) and that insecure attachment is associated with a variety of psychological concerns, including lack of empathy, hostility, anti-social behaviour, impulsivity, passivity and helplessness (Sroufe, 1988).

In relation to attachment theory and its underpinnings in psychological maltreatment, the literature is vast. Therefore, it will be discussed in the context of Glaser's (2002) five categories of emotional abuse and neglect (See page 18).

### **1. Emotional unavailability, unresponsiveness, and neglect**

According to attachment theory (Bowlby, 1982; 1988), a child forms representational models based on his or her relationship with primary caregivers (Bowlby, 1988).

Therefore, when the caregiver of the child responds in a sensitive, loving, and consistent manner, a working model of 'other' as loving, reliable and supportive is internalised. However, if a child experiences emotional unavailability, unresponsiveness or neglect of their needs from their caregiver damaging beliefs about the self start to materialize (e.g. I am not worthy of attention or lovable). These result in maladaptive models of self, other, and self-in-relation to others (Rogosch *et al.*, 1995). Consequently, instead of developing a working model of the self as worthy of love and attention, negative models of the self as unworthy, incompetent, powerless or bad evolve. Such maladaptive interpersonal expectations can put a child at risk for psychological distress (Liem & Boudewyn, 1999; Perry DiLillo & Peugh, 2007; Wright, 2007).

It is well documented that warmth, consistency and reciprocity are required for an infant to develop a secure attachment. Unfortunately, in cases of emotional abuse and neglect these characteristics are not present in the parent-child relationship. Therefore, such children are placed at risk of developing insecure attachment relationships and negative schemas (Iwaniec *et al.*, 2007).

## **2. Negative attributions and misattributions to the child**

There is substantial evidence that abusing mothers are more harsh, interfering, controlling, and negative when interacting with their children (Crittenden, 1988). When the interaction between mother and child is difficult, evidence suggests that the pattern of behaviour between the two is tied to the immediate interpersonal situation and not innate infant temperament (Crittenden, 1988). The response to this behaviour from the mother is often to avoid or punish the child. As a consequence of this the child's distress increases. The mother usually cannot perceive and respond appropriately to her child's behavioural cues thus the child cannot learn to placate her. If this pattern of behaviour is sustained then the conflict between the mother and child increases (Crittenden & Ainsworth, 1989).

Conceptually, if a parent is negative, critical, denigrating or hostile towards their child they are instilling within the child self-fulfilling generalisations. Thus a child who is told that they are bad or useless will eventually start to believe this is true. When the child is also being deprived or punished entirely for their own good by a mother who feels that what they are doing is with the best of intention, then the child is likely to develop a model of their mother as a wonderful person and of his/herself

as worthless (Crittenden & Ainsworth, 1989). This blueprint of how the child views him/herself will be most accessible to consciousness. Any other possible models of self, such as a lovable child who is justifiably resentful of unfair treatment tend to be disconnected from further conscious processing (Ainsworth, 1985).

### **3. Developmentally inappropriate or inconsistent interactions with the child**

If an infant feels secure in his/her relationship with his/her mother he/she will use them as a secure base from which he/she can become acquainted with the world and the other people in it (Ainsworth, 1967). This antithetical arrangement itself has survival value, for it is critical to an infant's cognitive, language, and social environment because he/she will gain experience whilst sustaining reasonable proximity to a caregiver figure. However, this experience is severely compromised if the caregiver or environment is dangerous, chaotic or unpredictable (Main & Hesse, 1990).

In infancy there are two behavioural systems that primarily compete with the attachment system, these are the exploratory and affiliative systems (Ainsworth, 1967). If a child's attachment system is highly activated then his/her behaviour is fundamentally to ensure proximity affiliation to an attachment figure, thus the freedom to explore is drastically reduced. Bretherton (1980) suggests that the attachment system functions as a security –maintenance system and that throughout our life; attachment behaviour is most intensely activated under stressful conditions



that evoke alarm or anxiety (i.e. parental marital disharmony, domestic abuse, relationship difficulties).

Studies show that children's psychological development is severely damaged from witnessing domestic abuse (Iwaniec *et al.*, 2007). Even though such abuse might not be specifically directed at the child it affects his/her behaviour, cognitive and social problem-solving abilities, as well as his/her coping and emotional functioning (Iwaniec *et al.*, 2007). Jaffe *et al.* (1990) found that infants who witnessed spousal violence were characterised by poor health, poor sleeping habits, excessive screaming and attachment disorders.

#### **4. Failure to recognise or acknowledge the child's individuality and psychological boundary**

Bowlby (1969) termed a transition into negotiation between mother and child as 'goal corrected partnership' (cited in Crittenden & Ainsworth, 1989, p. 436). This developmental progression occurs as communication between mother and child becomes more effective. However, for this to happen the child's language skills need to be developing and they have to have an increased ability to see the world through the perspective of another. As the child becomes more able to understand that the mother has motivations, feelings, and plans of her own, and that the child has his/her own plans, they are able to negotiate the difference and usually reach a mutual agreement that suits both of them (Marvin, 1977). However, should the parents have difficulties in perspective taking, understanding the child's psychological needs above their own, or in being able to communicate motivation, feelings and plans to

the child, 'the child's latent capacities for perspective taking and for clearer communication may well remain undeveloped or, if developed, be likely to fail in producing mutual understanding and trust' (Crittenden & Ainsworth, 1989, p.436).

There is evidence that towards the end of the first year, many abused infants have learned to accommodate their mothers, first by inhibiting signs of their anger and later by learning to tolerate their mothers' interference without complaint and even comply with her desires (Crittenden, 1988).

### **5. Failing to promote the child's social adaptation**

Children's capability to explore and exposure to experiential learning or cognitive stimulation are severely affected when they are insecurely attached (Egeland, 2009). Neglected and withdrawn children find it difficult to separate sufficiently from their mothers to enable them to explore their environment and to establish relationships with other people. They often appear helpless and cannot capitalise on the learning potential of their environments (Crittenden & Ainsworth, 1989).

Other behaviours within the attachment relationships also affect other aspects of the child's life, such as friends, learning, family social network, parental substance misuse, and parental employment (Iwaniec *et al.*, 2007). The child's perception and interpretation of experience through models of reality cause the child to repeat ingrained patterns of behaviour in new situations (Crittenden & Ainsworth, 1989). Therefore, if a child is exposed to corrupting behaviours of the parent (i.e. drug dealing, prostitution, other forms of violence) then his/her interpretation of the

situation becomes real and there is an increased risk that the child will view this as normal behaviour.

When children are neglected, they start to seek stimulation from their environment (Crittenden & Ainsworth, 1989). If there is no adult psychologically present to ensure they are safe, such exploration can be dangerous. Consequently, the child chaotically searches for stimulation, which highlights the difficulties due to lack of experience with focused interaction. Crittenden and Ainsworth (1989) contend that some neglectful parents neither respond to their child's other needs nor encourage their child to access a stimulating environment. These children neither learn strategies for engaging with their parent nor for independently exploring the environment.

### **1.6.2. Section Summary**

A primary attachment to a caregiver enables the healthy development of an infant and child. However, if this attachment is compromised through emotionally abusive parenting then a child's development can be severely compromised. The consequences of poor attachment are that children can develop a sense of self that is deemed bad and incomplete. Their development of autonomy is limited and disjointed. Children who experience poor attachment can manifest intense emotions and behavioural problems.

## **1.7. Chapter Summary**

In summary, an extensive body of literature documents the wide ranging consequences of emotional abuse upon children. The theoretical principles that have evolved support these findings and provide clinical knowledge in how to work and detect such maltreatment. However, contrary to the increased awareness of the occurrence of emotional abuse and its long term consequences, the literature shows that it is still under-recognised and reported.

Studies have shown that all forms of abuse and neglect are recognised but under reported in children with disabilities. However, given that the risk of maltreatment is known to be higher in children with disabilities, professionals have not proceeded with child protection investigations. Concerns regarding professional bias and empathy for the parents are thought to be responsible for the lack of reporting.

## 1.8. Current Study

The current study is therefore interested in exploring the extent of reporting of emotional abuse within a population of children identified as being at risk of maltreatment. It is also interested in the prevalence of reporting of all forms of abuse and neglect in children with a disability.

For this study the MCRAI will be used as an extraction tool as it includes sections on all forms of abuse and neglect. It also contains fourteen questions that specifically address emotional abuse. The APSAC subtypes of emotional abuse (spurning, terrorizing, isolating, and corrupting/exploiting) will be used to create the basis for categorising the information obtained as these guidelines are used throughout current practice. However, two of the APSAC subtypes, 'denying emotional responsiveness' and 'educational/medical neglect' were not used as they were found to be redundant in the original MCRAI study (Trickett *et al.*, 2009). In addition, the Brassard and Donovan (2006) Framework of '*Defining Psychological Maltreatment*' will be used alongside the APSAC subtypes as it shows a greater depth of understanding to the subtypes of emotional abuse.

As discussed in section 1.2, the Brassard and Donovan framework was devised in the USA and it is therefore based on American legislation, whereby the juridical system requires proof of actual harm to a child. Consequently, there can be difficulty in the interpretation of information as the legal aspects have created some rigidity to the categories. For this reason, it was decided that a UK framework should be used in

the current study. This framework was devised by Glaser (2002) and is based upon British legislation regarding ‘*Significant Harm*’ and ‘*Ill Treatment*’. The Glaser (2002) Conceptual Framework of Psychological Maltreatment also has an alternative view to the other frameworks, in that it focuses upon the effect of the abuse on the child’s development rather than the parental behaviour and child-parent interaction.

In regard to children with a disability. The term disability for the current study is defined in relation to the UK Equality Act (Government Equalities Office, 2010) whereby:

*‘1) A person (P) has a disability if-*

*(a) P has a physical or mental impairment, and*

*(b) the impairment has a substantial and long-term adverse effect on P’s ability to carry out normal day –to-day activities.’*

(Cited in Government Equalities Office, 2010, p.4).

The categories of disabilities that will be explored in the study are physical, intellectual and emotional/behavioural. Emotional/behavioural disability is a term that is used primarily in the USA that incorporates social, emotional or behavioural functioning that departs from the generally accepted, age appropriate ethnic or cultural norms. Such is the level of this dysfunction that it has an adverse affect on the child’s academic progress, social relationships, personal adjustment, classroom adjustment, self care, and vocational skills (American Congress, 2004). The term is often used to describe emotional or behavioural disorders and often incorporates conduct disorders, such as Attention Deficit Disorder (ADHD). The reason to include

this section within the current study is that the literature discussed in section 1.4 extensively includes emotional/behavioural disabilities.

### **1.8.1. Aims**

The primary aim of the current study is to describe the prevalence and nature of emotional abuse of children identified as at risk of maltreatment. It specifically investigates the prevalence of the reporting of emotional abuse firstly by the clinician and then following the use of an extraction tool and frameworks. The study is also interested in the prevalence of gender; age categories; other types of abuse (i.e. physical, sexual and neglect); and categories of emotional abuse from the Brassard and Donovan (2006) and the Glaser (2002) frameworks.

The second aim of the study is to ascertain whether children with a disability are identified and represented within the sample of identified at risk children. This will also examine the type of disability (i.e. physical, learning or emotional/behavioural) and the abuse indicated. It will specifically look at the presence of emotional abuse and neglect and whether this is indicated.

## **1.8.2. Hypotheses**

### **Hypothesis 1**

Significantly more cases of emotional abuse will be identified by using an extraction tool and framework compared to clinician reporting.

### **Hypothesis 2**

Significantly more cases of all other forms of abuse (physical and sexual) and neglect will be identified using an extraction tool compared to clinician reporting.

### **Hypothesis 3**

There will be no significant association between whether a child has a disability and clinician reported physical abuse, sexual abuse and neglect.

### **Hypothesis 4**

In an at risk population children with a disability are less likely to be identified as experiencing emotional abuse and neglect than children without a recorded disability.

### **Hypothesis 5**

There will be a significant association between emotional abuse and other forms of abuse and neglect (Physical abuse, sexual abuse, and physical neglect).



## **2. CHAPTER TWO: METHODOLOGY**

### **2.1. Study Design**

The study was a retrospective case-note survey to examine the reporting of emotional abuse in children (0-to-18-year-olds) referred to a Child Protection (Health) Team.

### **2.2. Setting**

The study was carried out in the child services department of a district health board. The local health board serves a population of approximately 150, 000, of which it is estimated that 26,000 are children aged 0-18 years of age.

### **2.3. Participants**

A sample of Health Board case notes of children or adolescents referred to the Child Protection (Health) Team during the period 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009 was used for this study. Relevant cases were identified by the Child Protection (Health) Team which, where necessary, identified the case holder of the records. The majority of the case records were held within the central child services department. Records not held centrally were those currently open to clinicians. In these instances, the case holder was contacted (via their line manager) to request a suitable time for the researcher to view the record. During the period 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009

the Child Protection (Health) Team were notified of 368 cases. Of these, 93 cases related to referrals of unborn babies.

- **Inclusion Criterion**

1. Case records of children referred to the Child Protection (health) Team regarding any category of abuse during the period 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009.

- **Exclusion Criterion**

1. All case records where the subject of the referral was an unborn baby.

## **2.4. Power Calculation**

The software G\*Power 3 (Faul *et al.*, 2007) was used for a *priori* calculation of the number of case records required for the study. The calculation was based on a chi-square analysis to investigate the relationship between the categorical variables of clinicians' reporting of emotional abuse; the reporting of emotional abuse using an extraction tool and framework; the reporting of abuse in children with disabilities; and the differences in reporting of all other forms of abuse.

The  $\alpha$  level that is the probability of incorrectly rejecting the null hypothesis was set at 0.05. The  $\beta$  level that is the probability of incorrectly accepting the null hypothesis was set at 0.2. The corresponding level of power was 0.8, giving an 80% chance of

detecting an existing effect. Based on a medium predicted effect size, the required sample for the study was 88 case records.

## **2.5. Measures**

The instrument and definitional frameworks selected for the study and reasons for their selection are discussed below.

### **2.5.1. The Maltreatment Case Record and Abstraction Instrument (MCRAI) (Trickett *et al.*, 2009)**

The Maltreatment Case Record Abstraction Instrument (MCRAI) (Trickett *et al.*, 2009) is a tool that categorises and quantifies the reported abuse experience of a child or adolescent.

The MCRAI consists of separate categories for each type of abuse (i.e. sexual, physical, and emotional) and neglect. The following information is also gathered: the perpetrator's relationship to the child; the age of the child at onset of abuse; the frequency of the abuse; the duration of the abuse; other specifics of the abuse (e.g. hospitalisation); the presence of parental substance abuse; the presence of domestic violence; the mental and physical health of the parents.

The MCRAI has good inter-rater agreement for each category. Trickett *et al.*, 2009 reported a Cronbach's  $\alpha = 0.79$  for the emotional abuse categories, which indicates

that there is a good reliability. There are fourteen questions related specifically to emotional abuse in the MCRAI. These questions were derived from the Maltreatment Classifications System (MCS) (Barnett *et al.*, 1993), which was one of the first assessment tools to establish a consensus on what constituted child maltreatment, including emotional abuse. The MCS was modified by English and LONGSCAN (Longitudinal Studies of Child Abuse and Neglect) (1997) into the Modified Maltreatment Classification System (MMCS). LONGSCAN is a leading American research consortium who works collaboratively in exploring many of the critical issues in child abuse and neglect. The fourteen specific items within the emotional abuse category of the MCRAI have a mean Kappa of 0.67 (range of 0.50 to 0.73). This indicates a good measure of agreement between the researchers as to the clarification of information pertaining to emotional abuse.

### **2.5.2. The Guidelines for Psychosocial Evaluation of Suspected Psychological Maltreatment in Children and Adolescents**

**(American Professional Society on the Abuse of Children, 1995)**

The American Professional Society on the Abuse of Children (APSAC) guidelines on the psychological maltreatment of children and adolescents is a definitional framework that is routinely used within the child protection arena. The guidelines describe six forms of emotional abuse:

- Spurning
- Terrorising
- Isolating

- Exploiting/corrupting
- Denying emotional responsiveness
- Mental health, medical, educational neglect.

### **2.5.3. Defining Psychological Maltreatment Framework (Brassard & Donovan, 2006)**

The Defining Psychological Maltreatment Framework (Brassard & Donovan, 2006) examines and describes the nature of emotional abuse that is experienced by a child or adolescent. The framework also addresses the difficult problem of definition and classification.

The framework has evolved from a review of all the existing research definitions on emotional abuse during the period 1979 to 2002. The authors have classified the degree to which each of the definitional frameworks included the subcomponents of the APSAC definitions.

Full definitional systems were assessed by the authors to guarantee that, if specific acts within a system were addressed, then they would be acknowledged. They made a distinction between subtypes that were covered within the psychological maltreatment section versus other sections. The outcome of this was that there was found to be a general agreement across definitional systems regarding parental behaviours considered to be abusive. However, it also highlighted the variability that existed regarding where specific acts are categorised within the systems.

Table 1 shows the Brassard and Donovan (2006) framework that indicates subcategories of parental/caregiver behaviour in relation to APSAC categories. The original version of this framework contains the six original APSAC categories. The version used for this study is the replicated version used with the MCRAI by the authors Trickett *et al.* (2009) which contains only four of the original APSAC categories. In their study Trickett *et al.* (2009) removed mental health/medical or educational neglect as in the state of California it is considered neglect rather than emotional abuse. The other category removed is ‘denying emotional responsiveness’ as it was found to be redundant.

**Table 1. The Trickett *et al.* (2009) condensed version of the Brassard and Donovan (2006) Defining Psychological Maltreatment Framework**

APSAC categories	Subcategories of parental/caregiver behaviour towards child
<b>Spurning</b>	<ul style="list-style-type: none"> <li>• Belittling, denigrating, or other rejecting</li> <li>• Ridiculing for showing normal emotions</li> <li>• Singling out</li> <li>• Humiliating in public</li> </ul>
<b>Terrorising</b>	<ul style="list-style-type: none"> <li>• Placing in unpredictable/chaotic circumstances</li> <li>• Placing in recognisably dangerous situations</li> <li>• Having rigid/unrealistic expectations accompanied by threats if not met</li> <li>• Threatening /perpetrating violence against the child</li> <li>• Threatening/perpetrating against child's loved ones/objects- includes exposure to domestic violence</li> </ul>
<b>Isolating</b>	<ul style="list-style-type: none"> <li>• Confining within the environment</li> <li>• Restricting social interactions in community</li> </ul>
<b>Exploiting/corrupting</b>	<ul style="list-style-type: none"> <li>• Modelling, permitting, or encouraging antisocial behaviour</li> <li>• Modelling, permitting, or encouraging developmentally inappropriate behaviour</li> <li>• Restricting/undermining psychological autonomy</li> <li>• Restricting/interfering with cognitive development</li> </ul>

## **2.5.4. Emotional Abuse and Neglect (Psychological Maltreatment):**

### **A Conceptual Framework (Glaser, 2002)**

The conceptual framework devised by Glaser (2002) is an alternative framework that focuses on the impact of emotional abuse on a child's psychosocial development rather than the parental/caregiver behaviour and or parent-child interaction. Glaser (2002) states that the following criteria constitutes and should be met for an overall definition of psychological maltreatment:

- *'Emotional abuse and neglect describe a relationship between the parent and the child (rather than an event or series of repeated events occurring within the parent-child relationship)*
  - *The interactions of concern pervade or characterize the relationship (at the time)*
  - *The interactions are actually or potentially harmful by causing impairment to the child's psychological/emotional health and development*
  - *Emotional abuse and neglect includes omission as well as commission; and*
  - *Emotional abuse and neglect requires no physical contact'*
- (Cited in Glaser, 2002, p.702).

The basis of the conceptual framework incorporates the different forms of psychological maltreatment that are found within the above overall definition along with the fundamental elements that compromise a child's psychosocial development. Glaser (2002) contends that a child's psychosocial being involves understanding that a child is: 'a person who exists' that has their 'own attributes' and 'who by definition is vulnerable, dependent and is rapidly developing'. She also states that a child is 'an individual who has his/her own feelings, thoughts and perceptions'. They are 'social beings who increasingly interact and communicate within his/her own social context' (Glaser, 2002, p.703).



This framework supports the concept of *Significant Harm* as stated in the English civil Children's Act (1989) which allows for evidence of ill treatment rather than evidence of harm (which is required within many states in the USA) so intervention can occur at an earlier stage.

The framework consists of five categories that encompass the overall definition of emotional abuse and neglect, which was proposed by Glaser (1993). Each category within the framework focuses on different facets of the child's life and needs, and how these are affected by the different motivations and psychological states of the parents (See Table 2). The author acknowledges that more than one category is recognised within the parent-child relationship and it is important to distinguish which category is compelling the parent's behaviour. Within the framework when two or more categories are identified it is possible to determine the "driving" category. This is important in providing the specific intervention for the child and parents.

**Table 2. Glaser's categories of psychological maltreatment**

**1. Emotional unavailability, unresponsiveness, and neglect**

- Includes parental insensitivity

The primary carer(s) are usually preoccupied with their own particular difficulties such as mental health (including post natal depression) and substance abuse, or with, for example, overwhelming work commitments. They are unable or unavailable to respond to the child's emotional needs, with no provision of an adequate alternative

**2. Negative attributions and misattributions to the child**

- Hostility towards, denigration and rejection of a child who is perceived as deserving these

Some children grow to believe in and act out the negative attributions placed upon them

**3. Developmentally inappropriate or inconsistent interactions with the child**

- Expectations of the child beyond her or his development
- Overprotection and limitation of exploration and learning
- Exposure to confusing or traumatic events and interactions

This category contains a number of different interactions including exposure to domestic violence and parental (para) suicide. The parents lack knowledge of age appropriate care-giving and disciplining practices and child development, often because of their own childhood experiences. Their interactions with their children, while harmful, are thoughtless and misguided rather than intending harm

**4. Failure to recognise or acknowledge the child's individuality and psychological boundary**

- Using the child for the fulfilment of the parent's psychological needs
- Inability to distinguish between the child's reality and the adult's beliefs and wishes

Factitious Disorder by Proxy is one variant of this category. Category 4 of emotional abuse is also not infrequently found in the context of custody and contact disputes within parents' divorce proceedings

**5. Failing to promote the child's social adaptation**

- Promoting missocialization (including corrupting)
- Psychological neglect (failure to provide adequate cognitive stimulation and/or opportunities for experiential learning).

This category contains both omission and commission, including isolating children and involving them in criminal activities

## 2.6. Procedure

There were 368 referrals to Child Protection (Health) Team during the period 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009 of concerns of abuse towards children. Following the application of the inclusion and exclusion criteria as stated in section 1.3.1, 275 cases were identified as suitable for the study. Using the G\*Power 3 (Faul *et al.*, 2007) as discussed in section 1.3.2 for a medium predicted effect size, the sample required for the study was 88 cases. Therefore, a random sample of 88 cases of the original 275 cases was processed and selected using the statistical computation package, Vassar Stats.

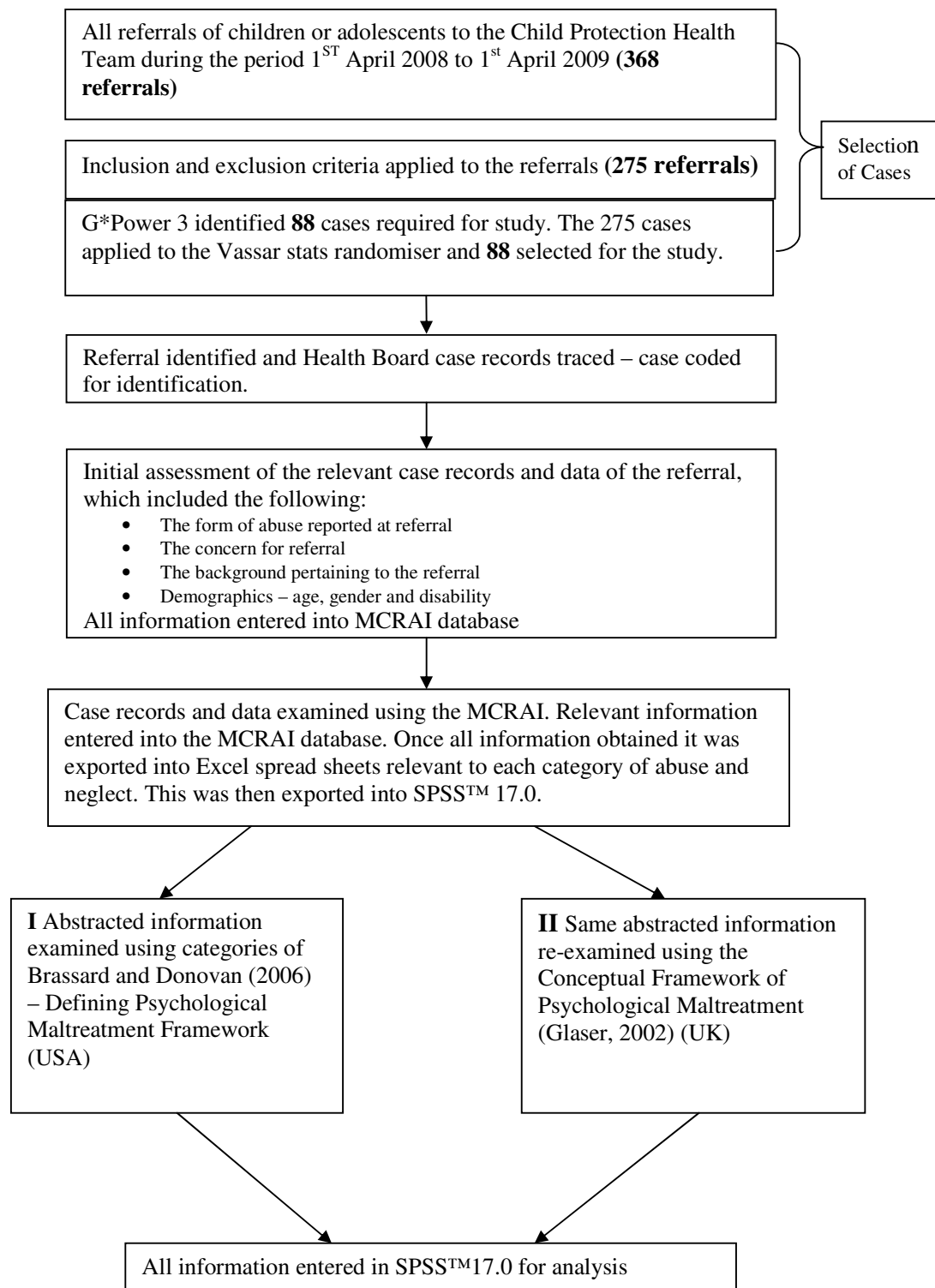
The study procedure is illustrated in Figure 1 (See page 69). Following the identification of potential case records each case note was reviewed to ascertain the form of abuse or concern for referral to child protection services and the background pertaining to this. This part of the assessment was the first stage of the record extraction process using the Maltreatment Classification Record Abstraction Instrument-MCRAI (Trickett *et al.*, 2009).

The initial assessment of the case records also included:

- Demographics of the child's age, gender and known physical, intellectual or emotional/behavioural disability.
- The prevalence rates of the different types of abuse identified were categorised according to the definition framework APSAC (American Professional Society on the Abuse of Children, 1995).

All information was entered into the Microsoft® Office Access database that had been specifically designed for accommodating the large amount of information that was required for the MCRAI. Following this case records were re-examined using the MCRAI and relevant information was abstracted and entered into the database. Once all the relevant information was entered the data relating to the categories of abuse and neglect were exported to the specific spread sheets within the Excel database. This data was then exported to SPSS™ 17.0.

The abstracted information was examined using the categories of the Brassard and Donovan (2006) Defining Psychological Maltreatment Framework to ascertain if the parental behaviour was deemed emotionally abusive. The same abstracted information was re-examined using the categories of the Conceptual Framework of Psychological Maltreatment (Glaser, 2002). The information from both frameworks was entered into SPSS™ 17.0.



**Figure 1. Procedure Flow Chart**

## **2.7. Ethical Considerations**

In accordance with the British Psychological Society guidelines (2004, 2005) and government policy (Scottish Executive, 2006) ethical approval and advice for conducting the current study was sought. University Ethics protocol was undertaken and approval for the study was given. School Ethics was not required for the study. Advice on whether the project needed to undergo full ethical review by the local NHS Research and Ethics Committee (NRES) was sought (See Appendix 1). The scientific officer for NRES deemed that full ethical review was not necessary (See Appendix 2). Permission to access the notes was given by the area Caldicott Guardian (See Appendix 3).

The following ethical issues were considered in the ethical application:

- **Confidentiality**

Each case note reviewed was allocated a code so that all information gathered from the case note would not be linked with any patient identifying data (e.g. name, date of birth, address).

- **Case note review highlighting possible cases of abuse and neglect which had not been previously identified**

The information that was being examined was information that had already been rigorously examined by qualified professionals involved in child protection.

- **The need to inform the case holder of the outcomes of individual cases**

Consideration was given to whether to feed back the results of individual extractions to case holding clinicians. This was discussed with NHS line managers and it was felt that individual feedback would not be beneficial as it could be deemed a criticism of the case holder. It was also felt that individual feedback could compromise the confidentiality of the case as all identifiers besides age, gender and known physical, intellectual or emotional/behavioural disabilities were removed. These issues were addressed in the initial thesis ethics proposal and the decision to not inform the case holder was agreed by the university.

- **Emotional impact of case note review on the researcher**

Regular supervision was provided to the researcher during the study. This provided an opportunity to discuss and reflect upon any issues which arose during the data collection period.

## **2.8. Data Analysis**

Data were entered into a SPSS™ 17.0 database for analysis. The measurement of the main variables was described using descriptive statistics. For inferential statistics the significance level was set at  $p < 0.05$ . The data collected were categorical and did not meet the assumptions for parametric testing and therefore non parametric testing was applied.

To explore the five main hypotheses, it was intended to use Pearson's Chi Squared Analysis. For the primary hypothesis, however, due to one of the assumptions for Chi Squared analysis not being met, Yates's Continuity Correction was used. In regard to the other hypotheses Yates Continuity correction was also applied as there were cells that contained low expected counts. In the small sample sizes a Fisher's Exact Test was used with the Yates Continuity correction.

## **2.9. Use of Extraction Tool and Framework**

To address concerns regarding the author's use of the extraction tool and framework, a random selection of five cases were assessed in relation to the agreement between the author and a Consultant Clinical Psychologist in Child and Adolescent services. The cases were assessed following the abstraction of information using the extraction tool. The first part of the agreement was to ascertain from the information whether the child had or had not experienced emotional abuse and there was 100 per cent agreement between the author and Consultant Clinical Psychologist. The second part of the agreement focussed on the APSAC sub-categories in the Brassard and Donovan (2006) '*Defining Psychological Maltreatment*' framework. In all there were four subcategories and they were applied to the five randomly selected cases. Therefore in total there were 20 categories examined and there was 90 per cent agreement. The final agreement examined the five categories of the Glaser (2002) '*Conceptual Framework of Psychological Maltreatment*' within the sample of five cases. There were 25 examples of emotionally abusive behaviour examined and there was 92 per cent agreement.



### 3. CHAPTER THREE: RESULTS

#### 3.1. Demographic Data: Age, Gender and Disability

There were originally 88 case records of children who were at risk of maltreatment randomly selected. Due to the small sample size of children with disabilities initially identified within this sample a further 20 cases were examined. These cases were the next 20 cases in the sequence that were derived from the initial randomised sample of 275 cases (See section 2.6, page 67). A total of 108 case records were recruited for this study. Demographic characteristics of the cases are described in Table 3.

Children were aged between 0 and 15 years with a mean age of 5.86 years. There were no children aged 16 or over in the random sample. The majority were female (55.6%) compared to male (44.4%). There were  $n=12$  (11.1%) of the sample identified as having a disability (physical, learning, or emotional/behavioural).

**Table 3. Demographic characteristics of cases in the study**

Demographic Characteristic	Frequency (n=108)
<b>Age</b>	
0-4	52 (48.1%)
5-10	34 (31.5%)
11-15	22 (20.4%)
16+	0
<b>Gender</b>	
Female	60 (55.6%)
Male	48 (44.4%)
<b>Disability</b>	
Yes	12 (11.1%)
No	96 (88.9%)

Figure 2 represents the prevalence of individual ages where it can be seen that children aged 1 year were represented with the greatest frequency (21.3%), followed by children aged 4 years (10.2%).

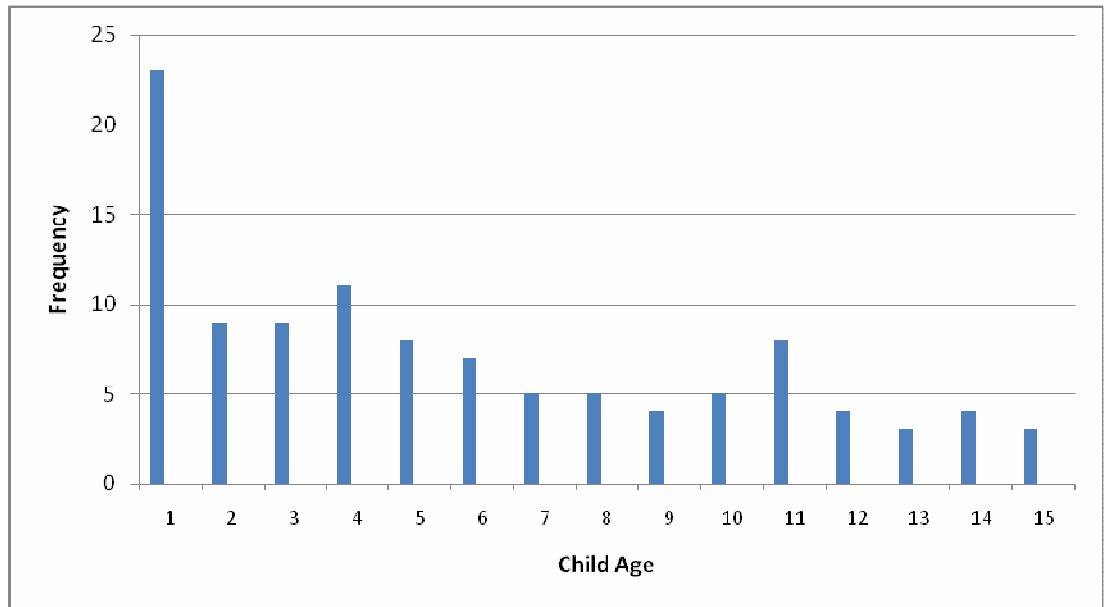


Figure 2. The prevalence of individual ages of the cases identified

### 3.1.1. Prevalence of Parental Substance Misuse and Domestic Abuse

Within the sample, frequency of parental alcohol use, drug use and domestic violence at the time of referral were also examined. Data showed that domestic violence was the most prevalent and was indicated in  $n=40$ , (37.1%) of the random sample. Parental drug use was identified in  $n=28$ , (25.9%) and alcohol misuse in  $n=21$ , (19.4%). In relation to domestic violence, drug use was indicated in  $n=10$ , (25%) of the incidents, as was alcohol misuse  $n=10$ , (25%).

### 3.2. Hypothesis 1: Significantly more cases of emotional abuse will be identified by using an extraction tool and framework compared to clinician reporting

The descriptive statistics for the main methods that identified emotional abuse are shown in Table 4.

**Table 4. The different methods of identifying emotional abuse**

Method of identification of emotional abuse	Total (n=108)
Clinician's reporting	33 (30.6%)
Extraction tool (MCRAI) Brassard and Donovan Defining psychological maltreatment framework	78 (72.2%)
Extraction tool (MCRAI) and Glaser's conceptual framework	78 (72.2%)
No evidence of emotional abuse or neglect when using <i>any</i> method of identification	30 (27.8%)

The prevalence of emotional abuse identified at the time of referral by clinicians accounts for  $n=33$  (30.6%) of the total sample. Table 4 also shows that there were more children identified as experiencing maltreatment following the use of an abuse-related framework along with the extraction tool (MCRAI). When either framework was applied with the extraction tool (MCRAI), a total of  $n=78$ , (72.2%) of the

sample were identified as being emotionally abused. The tools detected the same cases as did clinicians (therefore included the 33 cases identified from clinicians report) but they detected a further 45 cases not otherwise identified.

A Yates Continuity Correction for Pearson's chi-square was used due to a zero being in one of the cells. This showed that there was a significant association between the use of the extraction tool (MCRAI) and a framework, either, Brassard and Donovan, (2006) or Glaser, (2002), and the identification of maltreatment when compared with clinician reporting:  $\chi^2_{\text{Yates}} (1, N = 108) = 16.34, p < .0001$ .

**Contingency Table 1. Difference between clinician and extraction tool/framework in the identification of emotional abuse**

		Extraction Tool/Frameworks identification		
		Yes	No	Total
Clinician reporting	Yes	33	0	33
	No	45	30	75
	Total	78	30	108

### 3.2.1. Prevalence of categories of emotional abuse

The most prevalent category identified within the Brassard and Donovan Defining Psychological Maltreatment Framework were ‘Terrorising’ experiences, noted in  $n=56$ , (71.8%) of the emotional abuse and neglect cases ( $n=78$ ). The second most prevalent category within the framework was ‘Isolating’ experiences,  $n=35$ , which accounted for (44.9%) of experiences encountered (See Table 5 below).

**Table 5. Prevalence of Brassard and Donovan’s categories of psychological maltreatment (includes APSAC subtypes) identified in their framework.**

Brassard and Donovan/ APSAC category of psychological maltreatment	Total prevalence of category in the children identified as psychologically maltreated by Brassard and Donovan framework ( $n=78$ )
Spurning	26 (33.3%)
Terrorizing	56 (71.8%)
Isolating	35 (44.9)
Exploiting/Corrupting	22 (28.2%)

Table 6 describes the prevalence of each category experienced as outlined by the Glaser Conceptual Framework of Psychological Maltreatment. Data suggests that ‘developmentally inappropriate or inconsistent parental/caregiver behaviour’ was the

most frequently experienced issue  $n=61(78.2\%)$ , followed by ‘emotional unavailability, unresponsiveness and neglect’  $n=53 (67.9\%)$ .

**Table 6. Prevalence of Glaser’s Conceptual Framework categories of psychological maltreatment**

<b>Glaser’s category of psychological maltreatment</b>	<b>Total prevalence of category in the children who had been identified as psychologically maltreated by Glaser’s framework (n=78)</b>
Emotional unavailability, unresponsive and neglect	53 (67.9%)
Negative attributions and misattributions of the child	18 (23.01%)
Developmentally inappropriate or inconsistent parental interactions	61 (78.2%)
Failure to recognise or acknowledge the child’s individuality and psychological boundary	12 (15.4%)
Failing to promote the child’s social adaptation	21 (26.9%)

Table 7 categorises the emotional abuse experiences of the children identified ( $n=78$ ) using the Brassard and Donovan framework and shows case examples found in the study using the MCRAI.

**Table 7. The emotional abuse experiences of the children identified in the study**

APSAC categories	Subcategories of parental/caregiver behaviour (Brassard & Donovan, 2006)	MCRAI categories	MCRAI case examples in the study	Number of incidents	% (n=78)
<b>Spurning</b>	Belittling, denigrating or other rejecting	“Child is blamed for adult problems”	Caregiver is very critical of child and blames the child for all the current difficulties. Also blames the child for mother’s problems	5	6.4%
	Ridiculing for showing normal emotion	“Verbal abuse”	Mother vents all her frustration on the child Father makes fun of his son for being frightened of the dark, frequently calls the child “gay” and a “poof” Father frequently shouts and screams at the child Mother yelling and screaming at the child, very hostile and aggressive Child is regularly called “rotten wee bastard”, “stupid” or “retard” Child is cared for by aunt and uncle who regularly tell her they do not want her and that she has been dumped on them	21	27%
	Singling out Humiliating in public				
<b>Terrorising</b>	Placing in unpredictable/chaotic circumstances placing in recognizably dangerous situations	“Parent threatens suicide”	Mother threatens to kill herself whilst child present Both parents have threatened to kill themselves in front of the child Father threatened to stab himself in the stomach as he wanted to die whilst child was in the room	4	5.1%

**Table 7 (continued). The emotional abuse experiences of the children identified in the study**

APSAC categories	Subcategories of parental/caregiver behaviour (Brassard & Donovan, 2006)	MCRAI categories	MCRAI case examples in the study	Number of incidents	% (n=78)
<b>Terrorising continued</b>	Having rigid unrealistic expectations accompanied by threats if not met	“Child is subjected to extreme negativity and hostility”	Father threatened to strangle the child when the child refused to do what the father requested Mother frequently threatens to “belt” the child when they won’t do as she says	20	25.6%
	Threatening/perpetrating violence against child				
	Threatening/perpetrating violence against child’s loved ones/objects- includes exposure to domestic violence	“Child is threatened with injuries	Father threatens to hit the child and the family dog if she tells her mother that he had been out drinking Father threatens to hurt the mother if his daughter won’t talk to him	15	19.2%
		“Parent threatens to abandon child”	Child frequently told they are going to the children’s home – mother has driven them to the home and sat outside with the child – threatened to take them in Father threatens to leave and never see the child again	3	3.8%
		“Child is exposed to domestic violence”	Father bruised mothers eye and bloodied her jaw in front of the child Child present in high level of domestic violence – seventh incident in last couple of months Long history of domestic violence- neighbours report hearing the mother ‘screaming’ and the children ‘howling and crying’	30	38.5%



**Table 7 (continued). The emotional abuse experiences of the children identified in the study**

APSAC categories	Subcategories of parental/caregiver behaviour (Brassard & Donovan, 2006)	MCRAI categories	MCRAI case examples in the study	Number of incidents	% (n=78)
<b>Terrorising continued</b>		“Child is exposed to other violence	Child witnessed mother assaulting a Police Officer Mother was seen by her child punching and kicking a teenager Child was present when Police raided the house and mother and her friends (all where under the influence of drugs) started fighting with the Police Mother smashed all the windows in the house child was “terrified”	6	7.7%
<b>Isolating</b>	Confining to the environment	“Child’s relationship with others are undermined by parents	Father does not allow child to speak to grandparents Child not allowed to see friends after school instead has to wait in the pub every night for her parents to finish drinking	3	3.8%
	Restricting social interactions in the community	“Parent interferes with other relationships” “Child is confined or isolated”	Parents do not let child know that her older sister (who has left home) has been trying to see them Child is socially isolated as family have no relatives or friends and live in a very rural area – child does not go to school/groups Mother restrains child by keeping them in a pram Child is not allowed to see friends outside of school and has to spend evenings and weekends in the pub whilst parents are drinking	2	2.6%
				8	10.3%

**Table 7 (continued). The emotional abuse experiences of children identified in the study**

APSAC categories	Subcategories of parental/caregiver behaviour (Brassard & Donovan, 2006)	MCRAI categories	MCRAI case examples in the study	Number of incidents	% (n=78)
<b>Isolating continued</b>	Modelling, permitting or encouraging developmentally antisocial behaviour	“Child is forced to assume inappropriate responsibility”	Child is left to care for mother who has Multiple Sclerosis (8 years of age) Child is left to supervise older sister who is suicidal and has twice tried to kill herself Child is expected to pay for her younger siblings school uniform and other clothes whilst parents spend money on alcohol Child expected to cook and care for younger siblings whilst parents are under the influence of a substance	15	19.2%
	Modelling, permitting or encouraging developmentally inappropriate behaviour	“Parent has inappropriate expectations for the child”	There are no rules, boundaries or routines in place. The children are allowed to “run wild” Child shown pornographic material by uncle. Father aware but not concerned	15	19.2%
	Restricting/undermining psychological autonomy Restricting/interfering with cognitive development	“Child exposed to illegal activity”	Parent abuses, sells or buys drugs in the presence of child Father tells child to kick his mother as ‘that’s all women are good for’ Parent puts own psychological needs first	12	15.4%
		“Child involved in illegal activity”	Child helps father grow cannabis plants Child helps mother to hide father when Police raid the house for drugs	8	10.3%
				2	2.6%
<b>Exploiting / corrupting</b>					

**3.3. Hypothesis 2: Significantly more cases of all other forms of abuse (Physical and sexual) and neglect will be identified using an extraction tool compared to clinician reporting**

The use of an extraction tool in comparison to clinician's reporting to identify the other forms of abuse (i.e. physical and sexual) and neglect is shown in the contingency tables below.

**contingency Table 2. Clinician reporting and extraction tool identification of physical abuse**

		<b>Physical Abuse</b>		
		<b>Extraction Tool (MCRAI)</b>		
<b>Clinician reporting</b>		<b>Yes</b>	<b>No</b>	<b>Total</b>
	<b>Yes</b>	28	0	28
	<b>No</b>	0	80	80
	<b>Total</b>	28	80	108

**Contingency Table 3. Clinician reporting and extraction tool identification of sexual abuse**

		<b>Sexual Abuse</b>		
		<b>Extraction Tool (MCRAI)</b>		
<b>Clinician reporting</b>		<b>Yes</b>	<b>No</b>	<b>Total</b>
	<b>Yes</b>	3	0	3
	<b>No</b>	0	105	105
	<b>Total</b>	3	105	108

**Contingency Table 4. Clinician reporting and extraction tool identification of neglect**

		<b>Physical Neglect</b>		
		<b>Extraction Tool (MCRAI)</b>		
<b>Clinician reporting</b>		<b>Yes</b>	<b>No</b>	<b>Total</b>
	<b>Yes</b>	72	0	72
	<b>No</b>	0	36	36
	<b>Total</b>	72	36	108

When examining, other forms of maltreatment, there was agreement in all cases between clinician's reporting and the extraction tool in identifying physical abuse, sexual abuse or neglect. A Cohen Kappa coefficient to measure the inter-rater

agreement between clinician reporting and the extraction tool in relation to the other forms of abuse and neglect showed mean Kappa=1 ( $p<.001$ ).

The Yates Continuity Corrections was applied to all of the other forms of abuse and neglect as many of the cells either contained zero or did not contain the expected count of 5 or above for Pearson's chi-square. In the cases of sexual abuse Fishers Exact Test was applied to the Yates Continuity Correction due to the small sample size. There were significant associations between clinician reporting and the use of the extraction tool in the identification of physical abuse:  $\chi^2_{\text{Yates}} (1, N = 108) = 102.86, p<.001$ ; sexual abuse:  $\chi^2_{\text{Yates}} (1, N = 108) = 103.55, p<.001$ ; and in physical neglect cases:  $\chi^2_{\text{Yates}} (1, N = 108) = 103.55, p<.001$ .

**3.4. Hypothesis 3: There will be no significant association between whether a child has a disability and clinician reported physical abuse, sexual abuse and neglect.**

The second aim of the study was to ascertain whether children with a disability were identified and represented within the sample of children at risk of maltreatment. In the sample, there were 12 cases involving a child with a disability. Table 8 shows the frequency of different types of disability.

**Table 8. The prevalence of disabilities (n=12) found within the total random Sample (n=108)**

<b>Disability</b>	<b>Total number of children with a disability (n=12)</b>
Physical	1 (8.3%)
Learning	1 (8.3%)
Emotional/Behavioural	10 (83.4%)

The contingency tables below show the association between the incidence of physical abuse, sexual abuse and neglect between children with a disability and children without a recorded disability. Due to small numbers, Fishers exact test was used to explore the association between whether a child had a disability and the types of abuse reported. Yates Continuity Correction was also used due to low expected counts within the cells.

**Contingency Table 5. Incidence of physical abuse reported in children with and without a recorded disability**

		Physical Abuse		
Children with a disability		Yes	No	Total
	Yes	3	9	12
	No	25	71	96
	Total	28	80	108

**Contingency Table 6. Incidence of sexual abuse reported in children with and without a recorded disability**

		Sexual abuse		
Children with a disability		Yes	No	Total
	Yes	0	12	12
	No	3	93	96
	Total	3	105	108

**Contingency Table 7. Incidence of physical neglect reported in children with and without a recorded disability**

		Physical Neglect		
		Yes	No	Total
Children with a disability	Yes	8	4	12
	No	64	32	96
	Total	72	36	108

There was no significant association found between clinician reports of physical abuse and the presence of a disability: Fishers Exact Test showed

$\chi^2_{\text{Yates}}(1, N=108) = 0.00, p= 1.000$ ; between identification of sexual abuse and the presence of a disability: Fishers Exact Test showed  $\chi^2_{\text{Yates}}(1, N = 108) = 0.00, p= 1.000$ ; or identification of physical neglect and the presence of a disability:

Fishers Exact Test  $\chi^2_{\text{Yates}}(1, N = 108) = 0.00, p= 1.000$ .



**3.5. Hypothesis 4: In an at risk population children with a disability are less likely to be identified as experiencing emotional abuse than children without a recorded disability.**

Contingency table 8 shows the number of cases of emotional abuse in children with a disability reported by clinicians and identified by the extraction tool.

Due to the small sample size a Fishers Exact Test was used as well as Yates Continuity Correction as there were expected cell counts below 5. They showed no significant association between clinicians' reports and identification of abuse using the extraction tool:  $\chi^2_{\text{Yates}}(1, N=12) = 1.17, p = .208$ .

**Contingency Table 8. Clinician and extraction tool identification of emotional abuse in children with disabilities**

**Extraction tool and framework cases of emotional abuse  
in children with a disability**  
Extraction Tool/Framework

Clinician identification		Yes	No	Total
	Yes	4	0	4
	No	4	4	8
	Total	8	4	12

Contingency table 9 shows the reporting by clinicians of psychological maltreatment with children with disabilities.

**Contingency Table 9. Clinician reporting of emotional abuse in children with a disability**

		Clinician Reporting at Referral		
		Emotional Abuse		
Children with a disability		Yes	No	Total
	Yes	4	8	12
	No	29	67	96
	Total	33	75	108

When comparing clinician's reports of abuse and neglect, there was no significant relationship between clinician reporting of emotional abuse and neglect and the presence of a disability in the children: Fishers Exact Test  $\chi^2_{\text{Yates}} (1, N=108) = .00$ ,  $p= 1.000$ .

**Contingency Table 10. Extraction Tool/Framework identification of emotional abuse in children with a disability**

Extraction Tool/Framework		Emotional Abuse		
Children with a disability				
	Yes	No	Total	
	Yes	8	4	2
	No	70	26	96
	Total	78	30	108

The use of the extraction tool and framework did not show a significant association with children with disabilities within an at risk population.

A Fishers Exact Test showed  $\chi^2_{\text{Yates}} (1, N = 108) = .01, p = .734$ .

**3.6. Hypothesis 5: There will be a significant association between  
Emotional abuse and other forms of abuse and neglect  
(Physical abuse, sexual abuse and physical neglect).**

Among the sample of children identified as being at risk of maltreatment, the most prevalent form of maltreatment identified was physical neglect  $n=72$  (66.7%).

Table 9 describes the prevalence of the other forms of abuse and neglect at referral.

**Table 9. Prevalence of types of other forms of abuse and neglect at referral**

Type of abuse/neglect	Number of identified incidents of other forms of abuse and neglect found within the (n=108) sample
Physical	28 (25.9%)
Sexual	3 (2.7%)
Physical Neglect	72 (67.7%)

The contingency table 11 shows the incidents of physical abuse occurring in parallel with emotional abuse.

**Contingency Table 11. The association of physical abuse with emotional abuse**

		Emotional abuse		
		Yes	No	Total
Physical abuse	Yes	24	4	28
	No	54	26	80
	Total	78	30	108

In terms of co morbidity of abuse types, the data that shows that there was no association between physical abuse and emotional abuse: Pearson's Chi Square,  $\chi^2 (1, N=108) = 3.43, p = .64$ .

**Contingency Table 12. The association of sexual abuse and emotional abuse**

		Emotional abuse		
		Yes	No	Total
Sexual abuse	Yes	1	2	3
	No	77	28	105
	Total	78	30	108

A Fishers Exact Test was used as the sample size for sexual abuse was small with a Yates Continuity Correction as the expected cell counts were also small. It showed no significant relationship between sexual abuse and emotional abuse;  $\chi^2_{\text{Yates}} (1, N=108) = 0.76, p = .186$ .

**Contingency Table 13. The association of physical neglect and emotional abuse**

		Emotional abuse		
		Yes	No	Total
Physical neglect	Yes	52	20	72
	No	26	10	36
	Total	78	30	108

Physical neglect is the most prevalent form of maltreatment identified with emotional abuse. However, there was no significant association found between them: Pearson's Chi Square  $\chi^2 (1, N = 108) = 0, p = 1.000$ .

### 3.6.1. The co-occurrence of categories of emotional abuse with other types of abuse and neglect

Table 10 below shows the co-occurrence of the categories of emotional abuse within the Brassard and Donovan framework with physical and sexual abuse and physical neglect

**Table 10. Co-occurrence of Brassard and Donovan (2006) framework categories of emotional abuse with all other types of abuse and neglect**

	<b>Spurning n=26</b>	<b>Terrorising n=56</b>	<b>Isolating n=35</b>	<b>Exploiting/ Corrupting n=22</b>
<b>Physical Abuse</b>	8 (30.8%)	15 (26.8%)	13 (37.1%)	6 (27.3%)
<b>Sexual Abuse</b>	1 (3.8%)	1 (1.8%)	0	0
<b>Physical Neglect</b>	21 (80.8%)	36 (64.3%)	22 (62.9%)	16 (72.2%)

The study found that the most frequent co-occurrence was “Spurning” and physical neglect. There were  $n=26$  identifiable incidences of “Spurning” behaviours. Physical neglect was evident in  $n= 21$  of them. The study found the single most frequent emotional abuse category was ‘Terrorising’.

Table 11 shows the co-occurrence between Glaser’s categories of emotional abuse with all other types of abuse and neglect. There were  $n=18$  incidences of “Negative attributions and misattributions to the child” and physical neglect was evident in

$n=13$  (72.2%). However, the study found the single most prevalent category was “Emotional unavailability”.

**Table 11. Co-occurrence of the Glaser categories of emotional abuse with all other types of abuse and neglect**

	Emotional unavailability, unresponsiveness and neglect $n=53$	Negative attributions and misattributions to the child $n=18$	Developmentally Inappropriate or inconsistent interactions with the child $n=61$	Failure to recognise or acknowledge the child's individuality and psychological boundary $n=12$	Failing to promote the child's social adaptation $n=21$
<b>Physical Abuse</b>	14 (26.4%)	6 (33.3%)	17 (27.9%)	7 (58.3%)	6 (28.6%)
<b>Sexual Abuse</b>	1 (1.9%)	1 (5.6%)	1 (1.6%)	0	0
<b>Physical Neglect</b>	36 (68%)	13 (72.2%)	40 (65.6%)	5 (41.7%)	15 (71.4%)



## **4. CHAPTER FOUR: DISCUSSION**

### **4.1. Overview of Findings**

The current study looked at the reporting of emotional abuse in children identified as being at risk of maltreatment. Its primary aim was to describe the prevalence and nature of emotional abuse experienced by a child. It specifically focussed on the reporting by the clinician at the time of referral and then following the use of an information extraction tool (MCRAI) with a psychological maltreatment framework. The second aim of the study was to ascertain whether children with a disability were identified and represented within the sample of children at risk of maltreatment. It explored the presence of all forms of abuse and neglect, in children with a disability but particularly focussed on the reporting of emotional abuse within this group.

Based on previous research, it was hypothesised that there would be an under recognition and under reporting of emotional abuse in children identified at risk of maltreatment. A significant increase in cases of emotional abuse was found in the study following the use of an extraction tool and framework compared to initial clinician reporting. As the extraction tool was sensitive in identifying the increase in cases of emotional abuse, it was hypothesised that the extraction tool would also be associated with an increase in prevalence of all other forms of abuse and physical neglect compared to clinician reporting at the time of referral. However, the study

showed that both clinician findings and the extraction tool were in complete agreement in relation to all other forms of abuse and physical neglect.

In relation to the representation of children with disabilities and other forms of abuse and neglect no association was found in the study. Based on previous studies it was hypothesised that in an ‘at risk population of maltreatment’ there would be an under representation of children with a disability. The study only identified a small sample of children with a disability  $n=12$ , which accounted for 11.1 per cent of the total random sample used in the study. When specifically exploring the incidence of emotional abuse, it was hypothesised that this would be less likely to be identified among children with disabilities. The study showed there was no association between disability and emotional abuse. However, the study did show that clinicians identified a third of children with a disability as emotionally abused. Though following the use of the extraction tool and framework this figure increased to two thirds (See section 3.5, pages 89-90) .

The final hypothesis explored the association between emotional abuse and other forms of abuse. It also explored the co-occurrence of all other forms of abuse and neglect with the categories of emotional abuse within the Brassard and Donovan (2006) framework and the Glaser (2002) framework. The study did not show any relationship with other forms of abuse and neglect. Though, emotional abuse significantly co-existed more closely with physical neglect. In relation to the categories of emotional abuse in the Brassard and Donovan framework ‘terrorising’

was found to be the most frequently experienced form of emotional abuse. However, in the Glaser framework the most frequently experienced category of emotional abuse was found to be ‘developmentally inappropriate or inconsistent interactions with the child’.

This final chapter will consider each research question as well as details of the study findings and it will compare the findings to previous literature. Following this, the strengths and limitations of the study are discussed and the potential clinical and policy implications of the findings are outlined.

#### **4.2. Summary of Age and Gender**

The number of cases of children at risk of maltreatment examined in the study totalled 108. The study identified more females (55.6%) compared to males (44.4%), with an average age of 5.86 years. In relation to the Scottish Statistics for 1<sup>st</sup> April 2008 to 31<sup>st</sup> March 2009 the study sample is a good representation. The national number of child protection referrals shows that there were more females (51%) referred than boys (49%) (The Scottish Government, 2009).

With regard to age, the national Scottish statistics show that for all children the most prevalent age group was 5-10 years of age, which accounted for 32 per cent of

referrals. However, the age range 0-4 years was found to be the most prevalent in this study (48.1%). This age group accounted for 31 per cent of the national sample, with an increase in prevalence of 7 per cent between 2008 to 2009, whereas there was no increase for the age range 5-10 years. The age group 0-4 years is also prevalent in other regional referrals. For example, the Stirling Child Protection Committee Annual report note that in 2007 the most prevalent age was 5-10 years but in 2008 to 2009 the younger profile of age range 0-4 years was significantly more prevalent and accounted for 59 per cent of all registrations (Stirling Child Protection Committee, 2009). Therefore it can be summarised that the findings of the study in relation to age category are a good representation.

#### **4.2.1. Implications of Age.**

As well as the age range 0-4 years being the most prevalent category reported, children who were aged 1 year were found to be most the prevalent individual age for concerns of maltreatment and accounted for 21.3 per cent of the sample. In the sample of children identified as emotionally abused by the MCRAI, n= 78 the same ages were also the most prevalent, with age 1 year accounting for 17.9 percent of cases. The age group 0-4 years accounted for 47.4 per cent of cases.

The individual ages of the children are not comparable but the age of 1 year being the most prevalent in this study is concerning as studies have shown that if a child is

exposed to emotional abuse, within the first two years of their life then they are less likely to cope with stress and the ability to regulate their own emotional states (Brassard & Donovan, 2006; Egeland, 2009). The consequences of emotionally abusive experiences at a very early age is that a child's brain is likely to be hyper-aroused and dissociated as it tries to deal with and resolve the situations they are exposed to (Wassell, 2008). The 'wiring' of a child's brain during the first year of life is vital for how they will be able to deal with life stresses and transitions. If the 'wiring' of the brain is severely affected because of emotional abuse then the child will perceive the world as a constant threat (Trevvarthen & Aitken, 2001). Therefore these children's brains' are fundamentally shaped for the fight or flight response to any given situation and subsequently, these children are both hyper-aroused and hyper-vigilant (Wassell, 2008). The high levels of cortisol excreted during these stressful situations can affect the child's decision making and information processing skills (Teicher *et al.*, 2006) and these children can also have difficulties with impulsivity, attention and concentration. These problems often appear in the guise of behavioural difficulties and emotional outbursts (Wassell, 2008).

The age of 1 year is most significant in regard to attachment theory. Based on previous evidence it is known that attachment usually starts to occur within the first year of a child's life and is usually established before the age of three (Bowlby, 1988). If this is affected then there are particular risks posed for the development of attachment formation (Manly *et al.*, 2001). Studies show that children who have been emotionally abused are at high risk of establishing an insecure, dysfunctional attachment to their primary carer (Crittenden & Ainsworth, 1989; Hughes, 1995).

The outcome of poor attachment is strongly associated with poor development (Manly *et al.*, 2001) as it impedes a child's sense of trust and it has a detrimental impact on exploratory behaviour and development of healthy autonomy (Hughes, 1995). This can result in difficulties in the child's development of a sense of self, self-worth and identity (Hughes, 1995). O'Dougherty-Wright *et al.* (2009) argue that there is an association between the formation of poor cognitive models and schemata of the self in childhood and clinical symptoms of anxiety and depression.

If this is the case, then the outcome for the children identified in the study as being at risk at such a young age is poor, as insecure attachment is associated with a variety of psychological problems, including lack of empathy, hostility and anti-social behaviour, impulsivity, passivity and helplessness (Sroufe, 1988). These issues are further exacerbated by the child's brains' 'hard wiring', high levels of cortisol and pre-disposition to be hyper-aroused and hyper-vigilant. Problems regarding behaviour and emotional lability can further hinder a child's ability to achieve developmental stages and transitions. Long-term this impacts on an individual's mental health, his/her ability to establish relationships and how to deal with life transitions (Egeland *et al.*, 2009). Cicchetti (1989) contends that a child's poor attachment and his/her dysfunction could be a primary factor for the occurrence of further maltreatment. Therefore it is vital that early intervention by professionals is paramount in protecting these vulnerable children from further harm (Brassard & Donovan, 2006).

### **4.3. Hypothesis 1: Significantly more cases of emotional abuse will be identified by using an extraction tool and framework compared to clinician reporting**

The study showed that at the time of referral clinicians identified 30.6 per cent of the children within the random sample ( $n=108$ ) as experiencing emotional abuse.

Following the use of the information extraction tool (MCRAI) and either the Brassard and Donovan (2006) or the Glaser (2002) psychological maltreatment frameworks on the case files, a further 41.2 per cent of children were identified as likely to have experienced emotional abuse. Over all  $n=78$ , (72.2 %) of the sample were found to have experienced emotional abuse by their parent/caregiver.

These findings are consistent with the original study by Trickett *et al.*, (2009), which used the extraction tool (MCRAI) with the Brassard and Donovan Framework (2006), '*Defining Psychological Maltreatment*'. Their study showed that almost 50 per cent of their sample were found to have experienced emotional abuse in contrast to 9 per cent identified at referral. This gave an increase of 41 per cent of cases identified. This current study identified a further 41.2 per cent, which indicates that a high level of consistency to the Trickett *et al.*, (2009) study.

In regard to clinician reporting and the use of an extraction tool and framework the study showed a significant association and the findings support the hypothesis that significantly more incidence of emotional abuse will be identified using an extraction

tool and framework than compared to clinician reporting. This finding is not surprising as many studies have emphasised the difficulties in defining emotional abuse (Brassard & Donovan, 2006; Egeland, 2009; Glaser, 2002).

Without an adequate definition it is inevitable that attempts to both measure incidence and prevalence and to establish an accepted framework have proven problematic (Brassard & Donovan, 2006). Studies indicate that there is an increase in the reporting of emotional abuse especially in the last few years (Egeland, 2009; Glaser, 2002). This is evident in the national current figures in Scotland between 1<sup>st</sup> April 2008 and the 31<sup>st</sup> March 2009 regarding registrations for child protection. The figures showed an increase of 43 per cent from the previous year for emotional abuse. This category accounted for 25 per cent of registrations on the child protection register (The Scottish Government, 2009).

The general consensus amongst writers on the topic of emotional abuse is that it is the complexity of the maltreatment that has made it difficult to define and in consequence, identify, understand and explain. Few would disagree with Doyle (1997) that professionals are clear about what they mean by emotional abuse in the sense that individuals are clear and consistent in their view of emotional abuse. However, it does not follow, as Doyle implies, that individuals will agree with each other about actual occurrence. Indeed it is often difficult to distinguish between good enough and unacceptable harmful interactions particularly if the interactions are more subtle, as they often are in an emotionally abusive relationship



(Glaser & Prior, 2002). Furthermore the motivation to harm a child is not required for defining emotional abuse as there are abusive parental behaviours that are driven out of love and protection for the child (i.e. over protection) (Glaser, 2002). Brassard and Donovan (2006) argue that at some stage in a child's life all parents are emotionally unavailable or distracted and they can make unkind comments to their children. However, at some point this threshold is crossed and it appears that often professionals struggle with recognising the change in the parental interaction in this transition period, whereby the relationship becomes abusive (Egeland, 2009; Glaser, 2002; Iwaniec *et al.*, 2007).

All of these factors could be responsible for the difference in the number of cases of emotional abuse found in this study. However, professional hesitancy in the reporting of emotional abuse could mean that the prevalence figures are an under estimation (Brassard & Donovan, 2006) and that the true prevalence and incidence of emotional abuse are not fully known (Egeland, 2009; Hart *et al.*, 1996). Therefore, if many children are undetected then empirical evidence shows that they are at increased risk of developing disabling and enduring long term difficulties (Shaffer *et al.*, 2009) as emotional abuse is the one form of abuse that is most likely to cause harm to a child (Cicchetti & Toth, 1995; Manly *et al.*, 2001).

These difficulties can impact upon a child's development and studies show that children who are exposed to emotionally abusive experiences are more impaired in many areas of functioning than children who have been physically abused and

neglected (Egeland, 2009). This is particularly evident in children who have been exposed to emotionally abusive situations from an early age (Glaser, 2002), as found in this study. Consequently, as discussed in section 4.2 1, these children are at increased risk of developing dysfunctional attachments, hyper-arousal and hyper-vigilance, poor schemata and cognitive models, and adjustment problems.

#### **4.3.1. Prevalence of categories of emotional abuse within the frameworks**

Within the context of the psychological maltreatment frameworks the categories of emotionally abusive behaviour were examined. The first framework used with the extraction tool was the Brassard and Donovan (2006) '*Defining Psychological Maltreatment Framework*', which is summarised in section 1.1.1. For the purpose of the current study the framework was replicated from the Trickett *et al.* (2009) study, whereby only four of the original six APSAC categories of psychological maltreatment were used (spurning, terrorising, isolating and exploiting/corrupting). The study found that the most prevalent APSAC category from the Brassard and Donovan framework was 'Terrorising'. These experiences were evident in 71.8 per cent of cases of children identified as being emotionally abused. This was also the most frequently experienced category within the Trickett *et al.*, (2009) study, where it was identified in 81.6 per cent of cases.

Examples of terrorising behaviours range from parents threatening suicide, threatening to harm a child, to domestic abuse. This study identified that domestic abuse was indicated in 37.1 per cent of all of the cases, of which 75 percent was witnessed by the child. Of the children found to be emotionally abused by the MCRAI and framework,  $n=78$ , domestic abuse was prevalent in 38.5 per cent of cases and of these 100% of the children were witness to the abuse. It is estimated that approximately 90 per cent of all incidents of domestic abuse are witnessed by children (The Scottish Government, 2009). However, regional figures throughout Scotland vary; in Moray, the Domestic Abuse Report showed that children were present in 32.1 per cent of incidents, and of those present 82 per cent witnessed the domestic abuse incidents (Grampian Police, 2009). In Aberdeen, however, the presence of children was 32.8 per cent, and of those 32.5 per cent were found to have witnessed the domestic abuse (Grampian Police, 2009). The findings in the study appear to be comparable to other regional findings.

The high prevalence of ‘terrorising’ found in the current study is extremely concerning. For many children the exposure to terrorising behaviours can impact on their sense of the world as it creates an environment of fear and uncertainty for them (Iwaniec *et al.*, 2007). For example, when a child witnesses their father ‘bruising the mother’s eye and bloodying her jaw’; the child is heard ‘howling and crying’ because there is domestic violence; or the ‘father threatens to strangle the child because they will not do as they are told’ (as described in Table 7, page 80) the impact on the child is that their self becomes threatened and consequently they are in a constant state of hyper-arousal and hyper-vigilance as discussed in section 4.2.1. Studies show that

the sustained release of cortisol on the young brain and exposure to traumatic violence will impact on the child's developing central nervous system, the effect of which, is a more impulsive, reactive and violent individual (Perry, 1995). These concerns are further exacerbated by the high indication of parental drug and alcohol use found in the study, especially in relation to domestic abuse. Studies show that these parental characteristics often place children in chaotic, unpredictable and hazardous environments (Iwaniec *et al.*, 2007).

The current study also showed that in all cases where domestic abuse was indicated drug use (25%) and alcohol use (25%) were prevalent in 50 per cent of the domestic abuse incidents. Studies show there is a strong association between alcohol use and drug use in relation to domestic violence (Anda *et al.*, 2002; Edelson, 1997). Moray Police division identified 68.3 per cent of offenders of domestic abuse were under the influence of alcohol at the time of the incident or when being dealt with by the police (Grampian Police, 2009). It is difficult to ascertain whether the findings of the study are a good representation of national figures but given regional findings it appears to be an under representation.

In the study, parental use of drugs was identified in 25.9 per cent of all cases and problematic alcohol misuse was identified in 19.4 per cent of all cases. It is estimated that 9,391-19,553 children appear to be living with a drug abusing parent (The Scottish Government, 2001). Information from the Glasgow City Child Protection Register (2000, as cited in *Getting Our Priorities Right*, 2001) indicated that in 52

per cent of cases for registration it was found that problematic parental drug and alcohol use was the underlying reason leading to registration (The Scottish Government, 2001). In Dundee the proportion of children at risk whose parents were known to have substance misuse problems rose from 37.4 per cent in 1998/99 to 70 per cent in 2000. The association of drug use and abuse and neglect is well documented, *Getting Our Priorities Right* (The Scottish Government, 2001) emphasises that children with a substance dependent parent may be at 'high risk of maltreatment, emotional, physical and neglect' (Scottish Government, 2001, p.11) and that children with a disability may be particularly more vulnerable (Scottish Government, 2001). Glaser and Prior (1997) contend that certain parental characteristics are more likely to be present in emotionally abusive families, including domestic violence, alcohol use and or substance misuse. The prevalence of alcohol use and substance misuse in the current study are below the figures stated and are therefore an under representation of the problem.

Interestingly, in regard to the other categories within the Brassard and Donovan (2006) framework, the second most prevalent category identified in the study was 'Isolating' (35%). However, 'Isolating' was only found in 13.6 per cent of cases in the Trickett *et al.* (2009) study. In relation to the Trickett study, the second most frequently experienced category of emotional abuse was 'Spurning' (38.1%). The differences in these outcomes could be due to the differences of experiences of the two samples. However, with the Brassard and Donovan framework being condensed to four categories instead of six, difficulties were found in placing certain information, for example, with some parental drug and alcohol use.

The second framework utilised in the study was the ‘Conceptual Framework for Psychological Maltreatment’ (Glaser, 2002). The categories are summarised in section 1.1.1. This study found that the most prevalent category of emotional abuse in this framework was ‘Developmentally inappropriate or inconsistent interactions with the child’, which was identified in 78.2 per cent of cases of children identified as psychologically maltreated.

According to Glaser (2002) the APSAC category of ‘Terrorising’ is related to this category. This category also includes exposure to domestic violence and parental (para) suicide. It includes the exposure to other traumatic events, over protection and limitation to exploring and learning and the unrealistic expectations of parents. If a child is exposed to these experiences at an early age, then their attachment to a parental figure will be severely compromised. Studies show that an infant needs to feel secure in their relationship with their mother to be able to use them as a secure base for them to explore the world (Ainsworth, 1967; Main & Hesse, 1990). If this world is chaotic and frightening, then the child’s psychological development is severely impaired and they view the world and the people within it as dangerous and threatening, as discussed in section 4.2.1.

One of the most controversial findings in this part of the study was that the second most prevalent category in the Glaser framework was identified as ‘Emotional unavailability, unresponsiveness and neglect’, which was found in 67.9 per cent of cases of children identified as emotionally abused. This is the category that is

deemed to be related to the APSAC category of ‘Denying emotional responsiveness’, which was excluded from the Trickett *et al.* (2009) study due to the zero frequency of behaviours that were categorised under the heading. This could be the reason why the application of the Glaser framework to the abstracted information was easier than the condensed Brassard and Donovan framework. The APSAC categories have been criticised in the past by Glaser (2002), who contends that, even though the guidelines give clear examples in each category, it is not always obvious why they have been placed in that particular category.

It is interesting though, that there is an overlap of parental characteristics and behaviours between the two most prevalent categories of emotional abuse found in the study. Glaser (1993) contends that even though the two definitional frameworks of APSAC and the conceptual framework were developed independently, ‘the two systems capture between them the aspects of concern regarding parental behaviour’ (cited in Glaser, 2002, p.708). This could explain why both psychological maltreatment frameworks used in the study identified exactly the same cases of children that were likely to have experienced emotional abuse.

**4.4. Hypothesis 2: Significantly more cases of all other forms  
of abuse (Physical and sexual) and neglect will be identified  
by using an extraction tool compared to clinician reporting.**

Literature on child maltreatment shows that the other forms of abuse (physical and sexual) and neglect have been studied far more than psychological maltreatment (Claussen & Crittenden, 1991). In fact, early research only focussed on physical and sexual abuse, and eventually neglect. Therefore, for many years professionals have been exposed to the definitions and factors involved in these forms of maltreatment (Hamarman *et al.*, 2002). Consequently, they have always taken precedence (Barnett *et al.*, 1992; Brassard and Donovan, 2006) in child abuse investigations. However, recent high profile child abuse cases have evidenced that professionals are still not recognising abuse and neglect. In the Significant Case Review of Brandon Lee Muir (Hawthorn & Wilson, 2009), it states that both health visiting staff and social work consistently stated that the case did not stand out and therefore gave no cause for great concern (p.i).

As most cases of abuse and neglect still rely on clinician reporting and their perception and judgement (Munro, 1999), the current study hypothesised that there would be an increase in prevalence of other forms of abuse and neglect following the use of the extraction tool (MCRAI) compared to clinician reporting. This issue was specifically addressed because of the sensitivity of the extraction tool in identifying



emotional abuse. Therefore it was hypothesised that the extraction tool would show greater sensitivity in identifying the other forms of maltreatment.

However, the study found that there was no difference between clinician reporting and the use of an extraction tool (MCRAI) in identifying the other forms of abuse and neglect. In fact there was a complete agreement between both clinician and extraction tool with a mean Cohen Kappa agreement measure of 1 to support this finding.

Even though there appears still to be cases where professionals miss the abuse and neglect experience by children, the findings from the study do not differ from the vast literature on the recognition of the other forms of abuse and neglect. It is a known fact that these forms of abuse are far more tangible than psychological maltreatment (Burnett, 1993; Glaser, 2002) and as they are so well defined and documented they are easily more recognisable to professionals. Consequently, they are legally easier to prove (Binggeli *et al.*, 2001; Brassard & Donovan, 2006). The study found a significant association between clinician reporting and the extraction tool (MCRAI), which supports the evidence that other forms of abuse and neglect are more easily recognisable.

**4.5. Hypothesis 3: There will be no significant association between whether a child has a disability and clinician reported physical abuse, sexual abuse and neglect**

The secondary aim of the study was to ascertain whether children with a disability were identified and represented within the sample of children at risk of maltreatment. This is a contentious issue as literature shows that children with disabilities are often overlooked and professionals empathise with parents in cases of abuse and neglect, even when the maltreatment is severe (Cooke & Standen, 2002). Evidence suggests that children with a disability are between 1.7 to 2.1 times more likely to experience abuse and neglect than children without a recorded disability (Crosse *et al.*, 1993).

This study explored the association between physical and sexual abuse, and neglect with children with disabilities. The study found that 11.1 per cent of children identified at risk of maltreatment were known to have either a physical, learning or emotional/ behavioural disability. However, the study supports the hypothesis as there was no association found between the identification of any of the forms of maltreatment mentioned and the presence of a disability. The most prevalent form of maltreatment was neglect (66.7%). In relation to the total sample size for each form of maltreatment, children with disabilities accounted for 10.7 per cent of the cases where physical abuse was identified; 11.1 per cent of all cases of neglect. No children with a disability were identified as sexually abused.

The national statistics for Scotland showed the prevalence of children with disabilities accounted for 7.3 per cent of the total amount of children on the child protection register (The Scottish Government, 2009). However, it was not until 2008 that the Scottish Government first published the prevalence of children with disabilities in relation to child protection. This has still not been undertaken by the English Government. Consequently, there is little comparison except for The Scottish Government (2008 to 2009) findings. However, these findings represent the actual number of children on the Child Protection register whereas this study explored the children referred to Child Protection, so they are not necessarily on the register. Therefore, as there is no real comparison these findings should be treated tentatively.

The study did, however, show that the most prevalent form of disability was emotional/behavioural, which accounted for 83.3 per cent of the total number of children with a disability, with physical and learning disabilities accounting for 8.3 per cent each. This finding is supported by previous studies that show children with emotional/behavioural disabilities have the highest abuse rates (Crosse *et al.*, 1993; Sobsey, 1994). Furthermore, Manders and Stoneman (2009) found that professionals were more empathetic towards parents of children who had emotional/behavioural disabilities. Studies show that the underlying reason for this is that these children are potent sources of parental stress due to their difficult behaviour (Sobsey, 1994). Consequently, there is a lack of reporting by professionals as there is a conscious and unconscious tendency with children with disabilities '*not to see*' (Cooke & Standen, 2002).

Studies show that these problems are further exacerbated when professional intervention for children with disabilities does occur. Often professionals do not address the psycho-affective problems of interpersonal and expressive functions and tend to rely more on traditional medical or educational models (Trevarthen & Aitken, 2001). Consequently, disabled children are less likely to receive any appropriate intervention. If they do it has been found that it tends to be medical investigations and medical treatment, though controversially in the Cooke and Standen (2002) study it was not actually related to the abuse.

**4.6. Hypothesis 4: In an at risk population children with a disability  
are less likely to be identified as experiencing emotional abuse  
than children without a recorded disability**

The literature on maltreatment in children with disabilities is still evolving and the more tangible forms of maltreatment such as physical abuse, sexual abuse and neglect are the main focus of the research (Vig & Kaminer, 2002). Consequently, psychological maltreatment is overlooked and this is apparent by the lack of studies about this issue. Sullivan and Knutson (2000) found in their population based epidemiological study that emotional abuse was the third most predominant form of maltreatment, with neglect being the most prevalent. However, they did not explore the co-occurrence of emotional abuse with the other forms of maltreatment.

This study found that at the time of referral, clinicians reported emotional abuse in 33.3% of children with a disability. This accounted for the second most prevalent form of abuse identified in this group. However, following the use of the extraction tool and framework the prevalence of psychological maltreatment increased to 66.7 per cent. It is interesting that clinicians recognised emotional abuse in this group of children as given the complexities of emotional abuse along with the lack of extant literature; it is a surprising finding that this was the second most prevalent form of maltreatment within this small sample.

In terms of the sample of children identified as emotionally abused ( $n = 78$ ) the study showed that 10.3 per cent were children with a disability. There is no current literature to compare this finding. Both clinician reporting and the extraction tool were examined to ascertain if there was an association with the presence of a disability in children and psychological maltreatment. Neither showed any significant association.

Given the lack of evidence to compare these findings it is vital that the impact of abuse and neglect on children with disabilities needs to be further explored. Further studies should incorporate prevalence and types of abuse and neglect to the same standard that they have evolved for children without a disability. The relationship between children with disabilities, attachment and maltreatment also needs further research. Studies show that children with disabilities can be more stressful to look after, particularly if they have multiple disabilities, and that stress reduces parental sensitivity and emotional availability (Howe, 2005). However, there still needs to be a greater understanding of parental psychological states and biases, as well the complexities surrounding communication with a child with disabilities (Howe, 2005). Manders and Stoneman (2009) contend that professionals who work within the child protection arena should receive specialist training regarding the complexities of disability.

**4.7. Hypothesis 5: There will be a significant association between  
emotional abuse and other forms of abuse and neglect  
(Physical abuse, sexual abuse physical neglect).**

There is vast evidence that psychological maltreatment frequently occurs with or without other forms of maltreatment (Binggeli *et al.*, 2001; Brassard & Donovan, 2006; Egeland, 2009; Glaser, 2002). Claussen and Crittenden (1991) found that 90 per cent of children who had been physically abused and neglected had also been psychologically maltreated. Hart *et al.* (1996) contend that it could be the attendant emotional abuse and neglect which are the mediators of the harm caused by other forms of abuse and neglect. Glaser (2002, p.699) argues that ‘there are many similarities between emotional abuse and neglect and physical neglect’. The current study found neglect to be the most prevalent form of maltreatment in children who had been emotionally abused and neglected (66.7%).

Given that there is a strong association with psychological maltreatment and the co-occurrence of other forms of abuse and neglect the study did not find any significant relationship between them, which contradicts the extant literature.

In terms of the categories of emotional abuse and neglect, the study explored both the Brassard and Donovan (2006) Framework, ‘*Defining Psychological Maltreatment*’,

which uses the APSAC categories (Spurning, Terrorising, Isolating and Exploiting/Corrupting), and the Glaser (2002) '*Conceptual Framework for Psychological Maltreatment*'. It found that in the Brassard and Donovan framework the most prevalent category was 'Terrorising' (71.8%). However, the most prevalent co-occurrence was found between neglect and 'Spurning' (80.7%), followed by neglect and 'Exploiting/Corrupting' (72.2%). In relation to Glaser's framework the most prevalent category was found to be between 'Negative attributions and misattributions to the child' and neglect (72.2%), followed by 'Failing to promote the child's social adaptation' and neglect (71.4%). The study explored if there was any relationship between the categories and forms of abuse and neglect. No significant associations were found in any of them except Glaser's 'Failure to recognize or acknowledge the child's individuality and psychological boundary' and physical abuse which showed a significant association.

The Trickett *et al.* (2009) found that neglect was the most prevalent co-occurring form of maltreatment with emotional abuse and neglect. They found that the highest co-occurrence was between 'Isolating' and neglect (95%), followed by 'Exploiting/Corrupting' and neglect (91.3%). However, the most frequent category of emotional abuse experienced was also 'Terrorizing' (81.6%).

There are clearly similarities and some overlaps between the categories outlined and the forms of psychological maltreatment. It is interesting to note the relationship between the APSAC categories used and the categories within the framework. For



example, there is a relationship between 'Spurning' and 'Negative attributions and misattributions to the child'; and between 'Exploiting/Corruption' and 'Failing to promote the child's social adaptation'. Given this, Glaser (2002) contends that 'because of the similarities between the behaviours included in the two retrospective systems, and for clinical and research utilization which would ultimately benefit the children, it would be desirable to reconcile the two systems, (p.708).

#### **4.8. Evaluation of the study**

One of the shortcomings of the present study concerns the use of case files and the subsequent problems that arose. An inherent problem with using written information is that individual's style, perception and judgement is variable. The quantity and quality of information were inconsistent between cases, with some requiring significant further investigation. It is a known fact in research that data collecting calls for a substantial investment of time and effort (Robson, 2002). However, the consequence of the variability of information further impacted on the author's time and also significantly on the administrative staff within the Child Protection (Health) team.

Consideration was given at the outset for the problems that could arise in identifying children for the study. However, the difficulties were further exacerbated by the lack of important identifiers such as date of birth or the child changing his/her name on the initial audit sheet, which was used to randomly select the sample for the study.

Further problems arose with obtaining information on the selected children especially regarding information before 2008 as it had partly been transferred onto the Integrated Assessment Framework (IAF) database, which was implemented in 2009. However, as mentioned only part of the information was transferred, the rest remained in storage and was unobtainable.

Nonetheless, the information that was finally obtained showed a richness of the emotionally abusive experiences of the children. The study obtained a further 20 cases to examine over the original sample of 88, which compensated for the limited information in certain cases. In regard to the cases identified as emotionally abused by the extraction tool and framework it was not possible to link any of the data to the individual cases and this was outlined in the original university ethics proposal. The Nurse Consultant in Child Protection (Health) and university agreed with this decision as it was felt that the cases were already within the child protection system (See section 2.7, page 71).

Several of the limitations of the study relate to the sample size, especially the small sample sizes noted in sexual abuse and also with children with disabilities. The consequences of analysing small numbers, as in the case of children with disabilities, is that it can reduce the power of the study. Previous studies on identifying emotional abuse, such as Trickett *et al.* (2009) have used much larger samples. In fact, their study involved the referrals in a one month period and a specific age category of 9-12 years, which accounted for 303 children (following other inclusion and exclusion criteria). This accounts for approximately 75 per cent of the referrals for one whole year in the locality used for the current study. However, the outcomes regardless of the difference in the sample size between the current study and the Trickett *et al.* (2009) study in identifying emotional abuse are the same. They both identified a 42 per cent increase in the prevalence of emotional abuse using the same extraction tool and framework.

With regard to the sample size for children with a disability within an at risk population, there were only 4.5 per cent identified from the original sample of 88 cases, which is an under representation of this group. Consequently, a further 20 random cases were examined in the time frame of the study and the sample of children identified with a disability increased to 11.1 per cent. In terms of the national statistics children with disabilities accounted for 7.3 per cent of the children on the child protection register. In relation to research the children identified are an under representation, as Borg and Gall (1989) recommend about 20-50 observations for sub-groupings. In practical terms this is difficult number of observations to obtain. As discussed in 1.4, children with disabilities are often not brought to the attention of the child protection services.

An inherent limitation in the collection of data regarding children with disabilities could have been due to the method of classification of determining the presence of a disability used within the study. The only classification of the presence of a disability was the documentation. No measure of disability was consistently recorded in files or available to the study. Therefore, there could have been further cases of children with a disability that were unknown as there was no recorded status.

The current study's design was based on the methodology used in the study undertaken by Trickett *et al.* (2009) '*Emotional abuse in a sample of multiply treated, urban young adolescents: Issues of definition and identification*'. In this study the prevalence of emotional abuse was explored at the time of referral to child

protection services for children aged 9-12 years at risk of maltreatment. The study then explored the case records of these children using the extraction tool (MCRAI) and the Brassard and Donovan (2006) framework '*Defining Psychological Maltreatment*'. This methodology supported the present design as it took into account the difficulties of using written information, unknown variables that could account for difference in reporting, inter-rater agreement, feasibility and practicality of using an extraction tool.

However, the focus of the current study differed from the original Trickett *et al.* (2009) study, in that it also incorporated the use of a second psychological maltreatment framework, and explored the representation of children with disabilities. It did not take into account the child's ethnicity as in the original study due to the locality of the current research being predominantly white Scottish. Any ethnicity reporting could have potentially identified the child.

A major feature of the study was the use of an extraction tool (MCRAI) and the psychological maltreatment frameworks devised by Brassard and Donovan (2006), and Glaser (2002). Concerns regarding the author's use of the extraction tool, and bias in their interpretation were addressed by five random sample cases being checked by a Consultant Psychologist in Child and Adolescent (See section 2.9). There was 100 per cent agreement between the Consultant Psychologist and author regarding identification of emotional abuse, and 90 per cent agreement with the use of the Brassard and Donovan (2006) '*Defining Psychological Maltreatment*

*Framework*' The final agreement was 92 per cent on the Glaser (2002) '*Conceptual Framework of Psychological Maltreatment*'. The Trickett *et al.* (2009) study which incorporated the Brassard and Donovan (2006) framework achieved approximately a 90 per cent inter-rater agreement. There are no comparisons to make with the Glaser model.

The main criticism of the extraction tool used in the study is that it was derived in USA so therefore its basis incorporates American legislation regarding harm. Consequently, the categories are fairly rigid and in some cases it was difficult to interpret subjective information in to them. However, the validity of the extraction tool is that it has been established from the Modified Maltreatment Classification System (MMCS), which is a comprehensive and structured framework used throughout USA. The research behind the MMCS framework has evolved over decades and is part of the LONGSCAN programmes which are known as an established, valid research body. Though the MCRAI is not validated in the UK, it was used in the current study as there are no other extraction tools with such in-depth questioning, especially regarding emotional abuse.

There were few problems in applying the extraction tool to the case records but one main criticism was that, although it is comprehensive, it is also long, especially when the reporting was unstructured and lacked clarity. The questions in the tool were sometimes repetitive, such as parental drug and alcohol which was mentioned in three different categories. In view of this, the practicalities of clinicians' using the

extraction tool as a template for reporting all forms of abuse and neglect would possibly require the tool to be revised and condensed.

The major shortcoming of the application of the Brassard and Donovan (2006) framework was that the version used in the current study was based on that version used in the original Trickett *et al.* (2009) study. The reason for this decision was that the reliability testing of the extraction tool and framework was undertaken in the original study. Consequently, only four of the original six APSAC categories were used. This resulted in difficulty for the author in the placing of certain information, especially with the omitting of the category '*Denying emotional responsiveness*'. Trickett *et al.* (2009) argued that the reason for this category being removed was due to its redundancy. Yet, Brassard and Donovan (2006) contend that it is 'a clearly identifiable form of parenting that is particularly devastating' (p.184). The current study found that the lack of such a category created a void.

The Brassard and Donovan framework was devised in the USA and, as with the MCRAI, its foundations are incorporated in American legislation. For this reason there was some rigidity in the categories and again it was at times difficult to interpret information into them. This issue of trans-Atlantic interpretation was apparent at the beginning of the study and the decision was made to incorporate a UK framework. This framework was devised by Glaser (2002) and is based upon British legislation regarding '*Significant Harm*'. The application of the Glaser

framework was found to be easier than the Brassard and Donovan framework, this sentiment was also shared by the feedback regarding agreement.

As the study used categorical, data the application of using non parametric statistical analysis was always going to be noted as a shortcoming. It is a known fact that non parametric tests can be less powerful than parametric tests in detecting an effect size (Field, 2005). The effect size for the study was that the  $\alpha$  level (that is the probability of incorrectly rejecting the null hypothesis) was set at 0.05. The  $\beta$  level (that is the probability of incorrectly accepting the null hypothesis) was set at 0.2. The corresponding level of power was 0.8, giving an 80 per cent chance of detecting an existing effect.

As the data in the study are categorical then the relationship between two categorical variables cannot be continuously measured, consequently, only frequencies can be measured. The shortcoming of this is there is a chance that some of the information about the magnitude of difference between scores could be lost (Field, 2005).

The study used chi square tests throughout but in certain hypotheses, such as hypothesis 1, a Yates Continuity correction had to be applied as one of the contingency table cells contained a zero. In other areas if the assumptions for Pearson's chi square testing were not met usually because the cells did not have the expected frequencies (the cell counts predicted on the null hypothesis) then Yates



Continuity Correction also had to be applied. This test is used when the Pearson's chi square produces probability values that are too small e.g. Type 1 errors, usually due to small numbers or small expected frequencies. The problem with using a Yates Continuity Correction is that it lowers the value of the chi square statistic and therefore makes it less significant and evidence shows that it can over correct chi square values that are too small, which contradicts its original purpose. Another criticism of the statistical tests used in the study is that due to small numbers (children with disabilities) Fishers Exact test had to be used alongside the Yates Continuity Correction. Even though Fishers Exact test is designed to be used as a statistically significant test in the analysis of 2x2 contingency tables where the sample sizes are small some authors argue that it is far too conservative (Liddell, 1976).

#### **4.9. Implications for Practice**

The primary objective of the study was to describe the prevalence and nature of emotional abuse experienced by a child. Decisions made by clinicians in the reporting of emotional abuse can be dependent on their personal and subjective views and consequently can have a detrimental impact on the child and family concerned, especially if the abuse is not acknowledged. This is particularly pertinent to children with a disability. Ultimately it can put children at significant risk.

Few would dispute that emotional abuse exists or that children can be identified whose emotional state is unhealthy and unacceptable, the reason for which could be emotional abuse. Findings from the present study and earlier research clearly demonstrate that emotional abuse is considered to be a very serious type of child mistreatment. The phenomenon cannot be ignored simply because it is intellectually and conceptually difficult to understand and act on. If, however, there is a wide variation in what individuals consider to be emotional abuse perhaps the validity of the concept, as a category for Child Protection, would need to be radically modified.

Literature has shown that harm to the child is not a prerequisite for recognising emotional abuse. Consequently, in practice it is increasingly difficult to instigate, mandate and intervene when there is no evidence of harm. Therefore emotional abuse continues to pose a challenge for professionals.

The secondary aim of the study was to ascertain whether children with disabilities were represented in an at risk population of maltreatment. Based on previous studies and current literature children with disabilities are often overlooked by professionals. This puts the child at significant risk of harm and as a population feel de-valued as their needs are not being met. Studies have recommended that professionals who work within the child protection arena need to have specific training related to children with disabilities.

#### **4.10. Suggestions for Future Research**

The first general issue relating to the present study requiring further investigation relates to the reporting of all forms of abuse and neglect. In the present study the clinician's reporting was found to be unstructured and lacked clarity. Whether the use of a template based on the extraction tool would be beneficial is scope for further investigation.

The classification of sub-types and categories used in psychological maltreatment frameworks also require further research as there is still disagreement as to which maltreatment falls under each particular category. Even though Brassard and Donovan (2006) reviewed all of nine frameworks and used these findings to create their own, they acknowledge that multiple sources and measures of maltreatment are still needed in order to obtain a comprehensive picture of a child's experience. The concepts devised by Glaser (2002) also require further research especially in regard to the clinical usefulness of the concepts, particularly the relationship between the forms of maltreatment and the nature of harm to the child. Given that the experiences of emotional abuse are so vast it is extremely difficult to structure and categorise them. Therefore further research is needed in this area.

## **5. CONCLUSION**

It was never expected that the present study would clarify, in any fundamental way, the immense conceptual complexity surrounding the topic of emotional abuse. It has however, gone some way in addressing the contentious issue of the recognition and reporting of this type of abuse. Based on previous research this study has highlighted the high prevalence of emotional abuse but it is still, for whatever reasons, under identified and reported by professionals. These issues appear to be further complicated if a child has a disability and within this group it is not specific to emotional abuse alone, but to all forms of maltreatment.

The differences in the reporting of emotional abuse in children and the reporting of all forms of abuse and neglect in children with disabilities detected in this study should alert professionals who work within the child protection arena that they should be vigilant of personal bias. The study has also emphasised the need for professionals to have specialised teaching regarding disabilities. The lack of structure, clarity and education is concerning and, if children are to be kept safe, it is vital that these issues are addressed.

The implementation of conceptual frameworks and a structured form of reporting abuse and neglect could help to reduce the risk of this personal bias. The use of conceptual frameworks could also help to better understand how emotional abuse

affects a child's development. However, as discussed there is still disagreement between professionals on the current frameworks available and there is still a need for future research. In the meantime, there seems to be little doubt that children in unknown numbers, are being emotionally abused by their parents in some way that is, arguably, ultimately more damaging than most other forms of abuse and neglect.

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## **7. APPENDICES**

**7.1 Appendix 1: NHS Research and Ethics Committee (NRES)**

**7.2 Appendix 2: Scientific Officer (NRES)**

**7.3 Appendix 3: Caldicott Guardian Permission**

## Appendix 1

### RE: MCRAI study

Godden, Judith [Judith.Godden@ggc.scot.nhs.uk]

**Sent:** 27 October 2009 15:45

**To:** Turnbull Allyson (NHS Dumfries and Galloway)

Dear Allyson

I do not feel this requires to go to ethics and I have asked my secretary to get a letter out to you. You should get this in the next few days.

Kind regards

Judith

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Dr Judith Godden  
Manager/Scientific Officer  
West of Scotland Research Ethics Service  
Tennent Institute  
Western Infirmary  
Glasgow G11 6NT

Tel: 0141 211 2126  
e-mail: judith.godden@ggc.scot.nhs.uk

## Appendix 2

**WoSRES**  
**West of Scotland Research Ethics Service**

West of Scotland Research Ethics Service  
Ground Floor – The Tennent Institute  
Western Infirmary  
38 Church Street  
Glasgow G11 6NT



Ms Allyson Turnbull (sent by e-mail)

Date 28 Oct. 09  
Your Ref  
Our Ref WoS ASD 111  
Direct line 0141 211 2126  
Fax 0141 211 1847  
E-mail Judith.Godden@ggc.scot.nhs.uk

Dear Ms Turnbull

Full title of project: The reporting of emotional abuse in children

You have sought advice from the West of Scotland Research Ethics Service Office on the above project. This has been considered by the Scientific Officer and you are advised that it does not need ethical review under the terms of the Governance Arrangements for Research Ethics Committees (REC) in the UK. The advice is based on the following.

- The project is an evaluation of the abstraction tool NCRAI using only data obtained as part of usual care but note the requirement for Caldicott Guardian approval to permit sharing or publication of anonymised data obtained from patients under the care of NHS Dumfries and Galloway.

If during the course of your project the nature of the study changes and starts to generate new knowledge and thereby inadvertently becoming research then the changing nature of the study would necessitate REC review at that point, before any further work was undertaken. A REC opinion would be required for the new use of the data collected.

Note that this advice is issued on behalf of the West of Scotland Research Ethics Service Office and does **not** constitute a favourable opinion from a REC. It is intended to satisfy journal editors and conference organisers and others who may require evidence of consideration of the need for ethical review prior to publication or presentation of your results.

However, if you, your sponsor/funder or any NHS organisation feels that the project should be managed as research and/or that ethical review by a NHS REC is essential, please write setting out your reasons and we will be pleased to consider further.

Where NHS organisations have clarified that a project is not to be managed as research, the Research Governance Framework states that it should not be presented as research within the NHS. This letter has been copied to NHS Dumfries and Galloway R&D Department for their information.

Kind regards

A handwritten signature in dark ink, appearing to read 'Judith Godden', written in a cursive style.

Dr Judith Godden  
WoSRES Scientific Officer/Manager

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## Appendix 3

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**From:** Cameron Angus (NHS Dumfries and Galloway)  
**Sent:** 01 June 2009 20:25  
**To:** Hancock Ian (NHS Dumfries and Galloway)  
**Cc:** Gillespie Trish (NHS Dumfries and Galloway)  
**Subject:** RE: Allyson

Dear ian,

Please accept this email as formal approval for Allyson Turnbull to access case notes and record information as outlined in her email to yourself.

I have copied this email to Trish Gillespie.

Best wishes

Angus.

Dr Angus Cameron  
Medical Director  
NHS Dumfries & Galloway  
Mid North  
Crichton Hall  
DUMFRIES  
DG1 4TG

Tel 01387 244002

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